

1.) CORPORATION NAME:

McLean Youth Soccer Association

DUE DATE: **1/31/2011**

SCC ID NO: **05701214**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

EILEEN HOPKINS

8904 CHEQUERS WAY

MCLEAN, VA 22102

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8904 CHEQUERS WAY

CITY/ST/ZIP: MCLEAN, VA 22102-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAUL E REED
TITLE: TREASURER
ADDRESS: 1107 LAURELWOOD DR
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER

DIRECTOR

NAME: JANE SCOTT-JONES
TITLE: RECREATION DIR
ADDRESS: 7207 CHURCHILL RD
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: JOSE OCHOA
TITLE: DIRECTOR
ADDRESS: 8977 BROOK RD
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER

DIRECTOR

NAME: RICH MARESCO
TITLE: DIRECTOR
ADDRESS: 1201 WOODLEA MILL COURT
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER

DIRECTOR

NAME: PETER FREIRE
TITLE: VICE CHAIRMAN
ADDRESS: BOX 724
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN DALBEC CHAIRMAN 6213 MORI ST MCLEAN, VA 22101-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN CRETSINGER Travel Director BOX 724 MCLEAN, VA 22101-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE TOSINI DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARKUS RODLAUER DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE SLAVIK DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL BEST DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GRAY DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN VONSEGGERN DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID STIRLING DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY LEKSTUTIS DIRECTOR BOX 724 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JUAN AGULIAR TITLE: DIRECTOR ADDRESS: BOX 724 CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL E REED _____	PAUL E REED, TREASURER _____	1/3/2011 _____
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.