

1.) CORPORATION NAME:

McLean Youth Soccer Association

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

EILEEN HOPKINS

8904 CHEQUERS WAY

MCLEAN, VA 22102

SCC ID NO: **05701214**

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: **BOX 724**

CITY/ST/ZIP: **MCLEAN, VA 22101-**

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: **JUAN AGULIAR**
TITLE: **DIRECTOR**
ADDRESS: **BOX 724**
CITY/ST/ZIP/CO: **MCLEAN, VA 22101-**

OFFICER

DIRECTOR

NAME: **PAUL BEST**
TITLE: **DIRECTOR**
ADDRESS: **BOX 724**
CITY/ST/ZIP/CO: **MCLEAN, VA 22101-**

OFFICER

DIRECTOR

NAME: **WILLIAM GRAY**
TITLE: **DIRECTOR**
ADDRESS: **BOX 724**
CITY/ST/ZIP/CO: **MCLEAN, VA 22101-**

OFFICER

DIRECTOR

NAME: **AMY LEKSTUTIS**
TITLE: **DIRECTOR**
ADDRESS: **BOX 724**
CITY/ST/ZIP/CO: **MCLEAN, VA 22101-**

OFFICER

DIRECTOR

NAME: **MARKUS RODLAUER**
TITLE: **DIRECTOR**
ADDRESS: **BOX 724**
CITY/ST/ZIP/CO: **MCLEAN, VA 22101-**

OFFICER

DIRECTOR

NAME:	MIKE SLAVIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	SUZANNE TOSINI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	JOHN VONSEGGERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	PAUL REED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	MAUREEN DALBEC	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	RICH MARESCO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	DEAN CRETSINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	PETER FREIRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice Chair/Secr		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	JOSE OCHOA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		
NAME:	JANE SCOTT-JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101-		

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.

<u>/s/ PAUL REED</u>	<u>PAUL REED, TREASURER</u>	<u>1/6/2012</u>
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.