

1.) CORPORATION NAME:

McLean Youth Soccer Association

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EILEEN HOPKINS
8904 CHEQUERS WAY
MCLEAN, VA**

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:	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:	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:	LOUISE WAXLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	JUAN AGULIAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	WILLIAM GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 724		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME: SUHA KOCABAL TITLE: DIRECTOR ADDRESS: BOX 724 CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARC NOE TITLE: Travel Director ADDRESS: BOX 724 CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSE OCHOA TITLE: DIRECTOR ADDRESS: BOX 724 CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANE SCOTT-JONES TITLE: PRESIDENT ADDRESS: BOX 724 CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUZANNE TOSINI-DEITCH TITLE: DIRECTOR ADDRESS: BOX 724 CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Walton TITLE: DIRECTOR ADDRESS: Box 724 CITY/ST/ZIP/CO: McLean, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dominic Falco TITLE: DIRECTOR ADDRESS: Box 724 CITY/ST/ZIP/CO: McLean, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 REED SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL REED, TREASURER PRINTED NAME AND CORPORATE TITLE	5/15/2013 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.		