

1.) CORPORATION NAME:

Hunt Valley Swim Club

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
GEOFFREY W. GRAY
7100 SYDENSTRICKER ROAD
P.O. BOX 2083**

SPRINGFIELD, VA 22152

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **2/29/2012**

SCC ID NO: **05712948**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7100 SYDENSTRICKER ROAD
PO BOX 2083

CITY/ST/ZIP: SPRINGFIELD, VA 22152-

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: KURT LORENZ
TITLE: PRESIDENT
ADDRESS: PO BOX 2083
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER DIRECTOR

NAME: MARK TOLER
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 2083
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER DIRECTOR

NAME: GEOFFREY W. GRAY
TITLE: TREASURER
ADDRESS: PO BOX 2083
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER DIRECTOR

NAME: SHEILA COSTIN
TITLE: SECRETARY
ADDRESS: PO BOX 2083
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER DIRECTOR

NAME: TOM VERDIN
TITLE: DIRECTOR
ADDRESS: PO BOX 2083
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER DIRECTOR

NAME: MARY MULLIGAN TITLE: DIRECTOR ADDRESS: PO BOX 2083 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROB CONNOLLY TITLE: DIRECTOR ADDRESS: PO BOX 2083 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROB MORRISON TITLE: DIRECTOR ADDRESS: PO BOX 2083 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LIZ KREIN TITLE: MBRSHP CHRNM ADDRESS: PO BOX 2083 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GERARD AMANN TITLE: DIRECTOR ADDRESS: PO BOX 2083 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<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/ GEOFFREY W. GRAY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEOFFREY W. GRAY, TREASURER _____ 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.	