

1.) CORPORATION NAME:

Kaleidoscope Theatre Company

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

ROBERT TAYLOR CORK

7945 FOREST PATH WAY

SPRINGFIELD, VA 22153-2613

SCC ID NO: **05769013**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7945 FOREST PATH WAY

CITY/ST/ZIP: SPRINGFIELD, VA 22153-2613

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: JANICE MILLER
TITLE: ASST TREAS
ADDRESS: 4341 CUB RUN ROAD
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: ROBERT T CORK
TITLE: COB
ADDRESS: 7945 FOREST PATH WAY
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153-2613

OFFICER

DIRECTOR

NAME: LINDA CORK
TITLE: SECRETARY
ADDRESS: 7945 FOREST PATH WAY
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153-2613

OFFICER

DIRECTOR

NAME: WALLACE H LLOYD III
TITLE: DIRECTOR
ADDRESS: 19 WALNUT FARM PKWY
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER

DIRECTOR

NAME: JILL NIENHISER
TITLE: DIRECTOR
ADDRESS: 349 WESMOND DR
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305-

OFFICER

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.

<u>/s/ ROBERT T CORK</u>	<u>ROBERT T CORK, COB</u>	<u>5/25/2011</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.