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| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216512472 |
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| 1.) CORPORATION NAME: Kaleidoscope Theatre Company | DUE DATE: 5/31/2016 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT TAYLOR CORK 7945 FOREST PATH WAY SPRINGFIELD, VA | SCC ID NO: 05769013 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 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.

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|-------------------------------------|---|-----------------------------------|
| NAME: JANICE MILLER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: ASST TREAS | | |
| ADDRESS: 4341 CUB RUN ROAD | | |
| CITY/ST/ZIP/CO: CHANTILLY, VA 20151 | | |

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|--|---|-----------------------------------|
| NAME: LINDA CORK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: SECRETARY | | |
| ADDRESS: 7945 FOREST PATH WAY | | |
| CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153-2613 | | |

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|--|---|-----------------------------------|
| NAME: ROBERT T CORK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: COB | | |
| ADDRESS: 7945 FOREST PATH WAY | | |
| CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153-2613 | | |

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|--|----------------------------------|--|
| NAME: WALLACE H LLOYD III | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 19 WALNUT FARM PKWY | | |
| CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405 | | |

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|--------------------------------------|----------------------------------|--|
| NAME: JILL NIENHISER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 349 WESMOND DR | | |
| CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305 | | |

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.

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| /s/ ROBERT T CORK | ROBERT T CORK, COB | 4/4/2016 |
| 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.