

1.) CORPORATION NAME: Classroom of Discovery Corporation	DUE DATE: 7/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JACKIE BAKER 46371 HAMPSHIRE STATION DR STERLING, VA	SCC ID NO: 05805775
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 650955 CITY/ST/ZIP: STERLING, VA 20165	
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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: JACKIE BAKER TITLE: OFFICER ADDRESS: PO BOX 650955 CITY/ST/ZIP/CO: STERLING, VA 20165	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: SHANNON MELIDEO TITLE: DIR ADDRESS: 1525 NORTHGATE SQ #2 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: SHERI BROWN TITLE: DIRECTOR ADDRESS: 47578 SHARPSKIN ISLAND SQUARE CITY/ST/ZIP/CO: STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: FATHER ROB MEROLA TITLE: DIRECTOR ADDRESS: 201 EAST FREDERICK DR CITY/ST/ZIP/CO: STERLING, VA 20164	<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/ JACKIE BAKER	JACKIE BAKER, OFFICER	6/11/2014
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.