

1.) CORPORATION NAME:

NORTHERN VIRGINIA JEEPERS ASSOCIATION

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAUL A SCOTT
7880 BACKLICK RD UNIT 2
SPRINGFIELD, VA 22150**

SCC ID NO: **05915731**

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: 7880 BACKLICK RD
#2

CITY/ST/ZIP: SPRINGFIELD, VA 22150

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Nathan Claudy	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 223232	
CITY/ST/ZIP/CO:	Chantilly, VA 20153	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Lindsay Wagner	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 223232	
CITY/ST/ZIP/CO:	Chantilly, VA 20153	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANILLE WILSON	
TITLE:	TREASURER	
ADDRESS:	1455 LAKEVIEW DR	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFF COLE	
TITLE:	DIRECTOR	
ADDRESS:	11324 BURLINGTON DR	
CITY/ST/ZIP/CO:	AMISSVILLE, VA 20106	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREW S HARVIN	
TITLE:	DIRECTOR	
ADDRESS:	5064 Gallagher Dr	
CITY/ST/ZIP/CO:	Fredericksburg, VA 22407	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CARL HUNT	
TITLE:	DIRECTOR	
ADDRESS:	13703 JOYCE ROAD	
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22190	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN MCCREADY DIRECTOR 5391 POTOMAC DR KING GEORGE, VA 22485	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE PLUMMER DIRECTOR 429 MADDEN STREET BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AARON THOMSON DIRECTOR 11708 FAIRFAX WOODS WAY APT. 21003 FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF WILSON DIRECTOR 1455 LAKEVIEW DR FRONT ROYAL, VA 22630	<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/ DANILLE WILSON	DANILLE WILSON, TREASURER	2/8/2013
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.