

1.) CORPORATION NAME:

NORTHERN VIRGINIA JEEPERS ASSOCIATION

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

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

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

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

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

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

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

NAME: DAVE PLUMMER TITLE: DIRECTOR ADDRESS: 429 MADDEN STREET CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AARON THOMSON TITLE: DIRECTOR ADDRESS: 11708 FAIRFAX WOODS WAY APT. 21003 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFF WILSON TITLE: DIRECTOR ADDRESS: 1455 LAKEVIEW DR CITY/ST/ZIP/CO: 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	1/22/2014
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.		