

1.) CORPORATION NAME:

FRIENDS OF THE VIRGINIA PEP BAND, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAY CONVERSE
10439 CARRIAGEPARK CT.
FAIRFAX, VA**

SCC ID NO: **05973813**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 4524

CITY/ST/ZIP: Charlottesville, VA 22905-4524

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:	CAITLIN VOGUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	851 N. Glebe Rd. #1501		
CITY/ST/ZIP/CO:	Arlington, VA 22203		
NAME:	DAVID S BLACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/VP		
ADDRESS:	9927 TROSBY COURT		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		
NAME:	MATTHEW A WEYANDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/EXEC VP		
ADDRESS:	391 SANDHILL DRIVE		
CITY/ST/ZIP/CO:	RICHARDSON, TX 75080		
NAME:	DEREK S HART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1260 KNIGHTSBRIDGE COURT		
CITY/ST/ZIP/CO:	APT 305 CHARLOTTESVILLE, VA 22911-4654		
NAME:	EVAN D MACBETH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	333 Whipp Dr SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	Milton Jay Converse	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10439 Carriagepark Ct.		
CITY/ST/ZIP/CO:	Fairfax, VA 22032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven Rekant DIRECTOR 350 Shenandoah Circle Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alexander Houck DIRECTOR 18 Newport Drive Columbia, SC 29223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brittany Maslowsky DIRECTOR 220 N. Saint Asaph St. Unit 20 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bryan Smouther DIRECTOR 3450 Mount Burnside Way Woodbridge, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nicole Crocco DIRECTOR 3390 Richville Road Manchester Center, VT 05255	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Amy Forestell DIRECTOR 18 Duzine Rd. New Paltz, NY 12561	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edward Hardy DIRECTOR 2111 Jefferson Davis Highway Apt 904 Arlington, VA 22202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Matthew Dreher DIRECTOR 1009 D St. NE Washington, D.C., DC 20002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nora Bungard DIRECTOR 197 Hardware St Scottsville, VA 24590	<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/ CAITLIN VOGUS	CAITLIN VOGUS, PRESIDENT	5/31/2013
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.