

1.) CORPORATION NAME:

FRIENDS OF THE VIRGINIA PEP BAND, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05973813**

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: 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:	2750 14th St. NW		
CITY/ST/ZIP/CO:	#207 Washington, DC 20009		
NAME:	DAVID S BLACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/VP		
ADDRESS:	1104 Morningwood Lane		
CITY/ST/ZIP/CO:	Great Falls, VA 22066		
NAME:	MATTHEW A WEYANDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/EXEC VP		
ADDRESS:	5109 Dunster Drive		
CITY/ST/ZIP/CO:	McKinney, TX 75070		
NAME:	DEREK S HART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	486 Rolkin Rd		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		
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:	NORA BUNGARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	197 HARDWARE ST		
CITY/ST/ZIP/CO:	SCOTTSVILLE, VA 24590		

NAME:	NICOLE CROCCO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3390 RICHVILLE ROAD		
CITY/ST/ZIP/CO:	MANCHESTER CENTER, VT 05255		
NAME:	MATTHEW DREHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1009 D ST. NE		
CITY/ST/ZIP/CO:	WASHINGTON, D.C., DC 20002		
NAME:	AMY FORESTELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18 DUZINE RD.		
CITY/ST/ZIP/CO:	NEW PALTZ, NY 12561		
NAME:	EDWARD HARDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7951 Tremayne Place Apt. 104		
CITY/ST/ZIP/CO:	McLean, VA 22102		
NAME:	ALEXANDER HOUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18 NEWPORT DRIVE		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29223		
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:	BRITTANY MASLOWSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	220 N. SAINT ASAPH ST. UNIT 20		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	STEVEN REKANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	44 Old Clinton Road		
CITY/ST/ZIP/CO:	Westbrook, CT 06498		
NAME:	BRYAN SMOOTHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3450 MOUNT BURNSIDE WAY		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

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	6/3/2014
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.