

1.) CORPORATION NAME:

Cleveland Corporation

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**A BRUCE CLEVELAND
15479 SECOND ST
PO BOX 303**

SCC ID NO: **06016463**

WATERFORD, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	3,000
COMB	1,500
PREFER	5,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15479 SECOND ST
PO BOX 303

CITY/ST/ZIP: WATERFORD, VA 20197

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:	A BRUCE CLEVELAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/T		
ADDRESS:	15479 SECOND ST		
	PO BOX 303		
CITY/ST/ZIP/CO:	WATERFORD, VA 20197		

NAME:	MARGARET M GOODMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST S		
ADDRESS:	4600 EAST WEST HWY		
	SUITE 400		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	NICHOLAS W COOPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	21 CATOCTIN CIRCLE SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME:	DOUGLAS C HASKETT II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4600 EAST WEST HWY		
	STE 400		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

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/	,	6/20/2015
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.