

1.) CORPORATION NAME:

Todd Rosenlieb Dance

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TODD ROSENLIB
325 GRANBY ST
NORFOLK, VA 23510**

SCC ID NO: **06091029**

5.) STOCK INFORMATION

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

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 325 GRANBY ST

CITY/ST/ZIP: NORFOLK, VA 23510

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:	DEBORAH THORPE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	340 WESTOVER AVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23507		
NAME:	ANNE VOGT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	249 W. FREEMASON ST., #406		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	KATHRYN SHELTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	500 EAST MAIN ST STE 1500		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		
NAME:	MS MANUELA MOURAO PHD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2204 SUN VISTA DRIVE		
CITY/ST/ZIP/CO:	VA BEACH, VA 23455		
NAME:	JOEL BRENNER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 CHILDREN		
CITY/ST/ZIP/CO:	NORFOLK, VA 23507		
NAME:	LISBET HANSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1501 MCCULLOUGH LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		

NAME: SUSAN HUNTER TITLE: DIRECTOR ADDRESS: 1505 CARLISLE AVE CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED JACOBS TITLE: DIRECTOR ADDRESS: 2204 SUNVISTA DR CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICARDO MELENDEZ TITLE: DIRECTOR ADDRESS: 388 BOUSH STREET #320 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD ROSENLIEB TITLE: DIRECTOR ADDRESS: 388 BOUSH ST #320 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HELENE UHLFELDER PHD TITLE: DIRECTOR ADDRESS: 1358 EMORY PLACE CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEATHER WOOD TITLE: DIRECTOR ADDRESS: 600 WORLD TRADE CENTER CITY/ST/ZIP/CO: VIRGINIA PORT AUTHORITY NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Moira McCarthy Combes TITLE: DIRECTOR ADDRESS: 1432 Cloncurry Rd. CITY/ST/ZIP/CO: Norfolk, VA 23505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Langlois TITLE: DIRECTOR ADDRESS: 4768 Euclid rd., Unit 101 CITY/ST/ZIP/CO: Virginia Beach, VA 23462	<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/ TODD ROSENLIEB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD ROSENLIEB, DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/11/2012 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.		