

1.) CORPORATION NAME:

Todd Rosenlieb Dance

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
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:	MOIRA MCCARTHY COMBES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1432 CLONCURRY RD.		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISBET HANSON DIRECTOR 1501 MCCULLOUGH LANE VIRGINIA BEACH, VA 23454	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN HUNTER DIRECTOR 1505 CARLISLE AVE RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD ROSENLIEB DIRECTOR 388 BOUSH ST #320 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELENE UHLFELDER PHD DIRECTOR 1358 EMORY PLACE NORFOLK, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Hirschbiel PRESIDENT 1800 Eden Way Virginia Beach, VA 23454	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol Simpson DIRECTOR 222 Koch Hall NORFOLK, VA 23529	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrea Nelson TREASURER 5910 Upper Brandon Place NORFOLK, VA 23508	<input checked="" 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/ DEBORAH THORPE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORAH THORPE, DIRECTOR PRINTED NAME AND CORPORATE TITLE	11/21/2013 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.			