

1.) CORPORATION NAME:

Mothers of North Arlington, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **06121362**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

ROBERT J FOLLIARD III

6109 26TH STREET NORTH

ARLINGTON, VA 22207

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6109 N 26TH STREET

CITY/ST/ZIP: ARLINGTON, VA 22207-

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: CHRISTINE WILSON
TITLE: PRESIDENT
ADDRESS: 879 N GREENBRIER ST.
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-

OFFICER

DIRECTOR

NAME: JENNIFER CAPONE
TITLE: VP/SEC
ADDRESS: 1737 N QUEENS LANE
UNIT 132
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER

DIRECTOR

NAME: AMY BIGART
TITLE: VOL DIR
ADDRESS: 621 N PIEDMONT ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: PAGE GRIFFITH
TITLE: MEM DIR
ADDRESS: 1315 14TH ST N
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: TAMATHA STEMBER
TITLE: TREASURER
ADDRESS: 2227 N POWHATAN ST.
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-

OFFICER

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.

<u>/s/ TAMATHA STEMBER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TAMATHA STEMBER, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>1/1/2011</u> DATE
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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.