

1.) CORPORATION NAME:

Colvin Run Elementary School Parent Teacher Organization, Inc.

DUE DATE: **3/31/2012**

SCC ID NO: **06135495**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ANDREA T. VAVONESE
9301 SCHUBERT COURT
VIENNA, VA 22182**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1400 TRAP ROAD

CITY/ST/ZIP: VIENNA, VA 22182-

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:	CAMILLE FLINT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1423 CARRINGTON LANE		
CITY/ST/ZIP/CO:	VIENNA, VA 22182-		
NAME:	ERICA GLEMBOCKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	9152 RIESLEY LANE		
CITY/ST/ZIP/CO:	VIENNA, VA 22182-		
NAME:	LAURA SKEEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT ELECT		
ADDRESS:	9392 FARMINGDALE CT		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066-		
NAME:	SUYOUNG SEBASTIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1410 HIDDEN HILL LANE		
CITY/ST/ZIP/CO:	VIENNA, VA 22182-		
NAME:	MINDY KELLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9406 FAIRPINE LANE		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066-		

NAME: KAREN JOOSTEMA TITLE: PARLIAMENTARIAN ADDRESS: 10509 WYNFIELD WOODS DR CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: KAREN PERRY TITLE: SECRETARY ADDRESS: 1433 MONTAGUE DR CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SUE ELLEN BEGGS TITLE: TREASURER ADDRESS: 9342 SIBELIUS DR CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CATHY SRIBAR TITLE: TREASURER ELECT ADDRESS: 1418 CELESTA CT CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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/ SUE ELLEN BEGGS	SUE ELLEN BEGGS, TREASURER	1/23/2012
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.