

1.) CORPORATION NAME:

UNION LAND & MANAGEMENT COMPANY

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

DAVID A LAWRENCE

9302 LEE HWY STE 1100

FAIRFAX, VA 22031

SCC ID NO: **06173462**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 481 CARLISLE DR

CITY/ST/ZIP: HERNDON, VA 20170-

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: DANIEL R BAKER
TITLE: PRESIDENT
ADDRESS: 481 CARLISLE DR
CITY/ST/ZIP/CO: HERNDON, VA 20170-

OFFICER

DIRECTOR

NAME: ELIZABETH ROBERTS
TITLE: VICE PRESIDENT
ADDRESS: 254 NORWOOD AVE
CITY/ST/ZIP/CO: CRANSTON, RI 02905-

OFFICER

DIRECTOR

NAME: CHRISTOPHER HOWLETT
TITLE: TREASURER
ADDRESS: 11465 DUTCHMANS CREEK ROAD
CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180-

OFFICER

DIRECTOR

NAME: DAVID LAWRENCE
TITLE: DIRECTOR
ADDRESS: 9302 LEE HWY
STE 1100
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: HOPE PINKERTON
TITLE: DIRECTOR
ADDRESS: 7005 MAPLE AVE
CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815-

OFFICER

DIRECTOR

NAME: RANDALL A KERR TITLE: VICE PRESIDENT ADDRESS: 2524 LEEDS ROAD CITY/ST/ZIP/CO: OAKTON, VA 22124-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JENNIFER HOWLETT TITLE: SECRETARY ADDRESS: 413 HEMLOCK LANE CITY/ST/ZIP/CO: WILLIAMSTOWN, MA 01267-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PHILIP NICKLES TITLE: ASST SECRETARY ADDRESS: 825 CREWS ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LOUISE HOWLETT TITLE: DIRECTOR ADDRESS: 350 NOXONTOWN ROAD CITY/ST/ZIP/CO: MIDDLETOWN, DE 19709-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANNE HOUSER TITLE: DIRECTOR ADDRESS: P.O. BOX 242 CITY/ST/ZIP/CO: MANCHESTER VILLAGE, VT 05254-	<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/ DANIEL R BAKER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL R BAKER, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	3/23/2011 _____ 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.		