

1.) CORPORATION NAME: RIVER CLUB CENTER PROPERTY OWNERS ASSOCIATION, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHAD RINARD 8990 FERN PARK DRIVE, SUITE B BURKE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 11/30/2013 SCC ID NO: 06268155 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: FirstService Residential DC Metro, LLC 3949 Pender Dr, Suite 205 CITY/ST/ZIP: Fairfax, VA 22030	
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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: DOUG JONES TITLE: PRESIDENT ADDRESS: P O BOX 42150 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ALLISON GRAVES TITLE: VICE PRESIDENT ADDRESS: 520 WILLIAM ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KRISTEN JOHNSON TITLE: SECR/TREAS ADDRESS: 159 LITCHFIELD BLVD STE 101 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<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/ DOUG JONES	DOUG JONES, PRESIDENT	10/7/2013
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.