

1.) CORPORATION NAME:

Center for New Communities

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN R MCPHAIL
6601 GREY FOX DR
SPRINGFIELD, VA**

SCC ID NO: **06341135**

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: 6200 ROLLING ROAD
#2942

CITY/ST/ZIP: SPRINGFIELD, VA 22152

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:	JOHN MCPHAIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6601 GREY FOX DRIVE		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		

NAME:	LIZ CHAPMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7101 WISCONSIN AVE, SUITE 800		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	CARMEN JOGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8108 GOOD LUCK RD		
CITY/ST/ZIP/CO:	LANHAM, MD 20706		

NAME:	MELODY MILSTEAD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	69 W EDGEWOOD AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46217		

NAME:	LORENA AGUILAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5123 FLIPPER DRIVE		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78238		

NAME:	ANALCO GONZALEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11703 BRIDGE HAMPTON		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78251		

NAME:	OSCAR RAMIREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1313 GUADALUPE STREET		
CITY/ST/ZIP/CO:	#100 SAN ANTONIO, TX 78207		

NAME:	MONA IVEY SOTO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8726 MARINUS DRIVE		
CITY/ST/ZIP/CO:	BALDWINVILLE, NY 13027		

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/ JOHN MCPHAIL</u>	<u>JOHN MCPHAIL, PRESIDENT</u>	<u>3/31/2016</u>
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.