

1.) CORPORATION NAME:

Royal Scottish Country Dance Society, Northern Virginia Branch

DUE DATE: **10/31/2012**

SCC ID NO: **06458277**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHANDA ROBERTSON
313 EAST DEL RAY AVENUE
ALEXANDRIA, VA**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 3333

CITY/ST/ZIP: ALEXANDRIA, VA 22302

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 ANDREWS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7500 OLDHAM WAY		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME:	SHANDA ROBERTSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8801 AUNT LILLY LANE		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	Bryan McGhee	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8631 Woodview Drive		
CITY/ST/ZIP/CO:	Springfield, VA 22153		

NAME:	Eva Lanyi	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	5373 Harbor Court Drive		
CITY/ST/ZIP/CO:	Alexandria, VA 22315		

NAME:	Dave Chase	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8709 Sudbury Place		
CITY/ST/ZIP/CO:	Alexandria, VA 22309		

NAME:	Elizabeth Holtan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 Wilson Blvd		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME: Thomas Iwasawa TITLE: DIRECTOR ADDRESS: 12112 Green Leaf Court CITY/ST/ZIP/CO: Fairfax, VA 22033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Marla Bright TITLE: DIRECTOR ADDRESS: 2303 Fairview Terrace CITY/ST/ZIP/CO: Alexandria, VA 22303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Yvonne Yang TITLE: DIRECTOR ADDRESS: 4517 Windsor Arms Court CITY/ST/ZIP/CO: Annandale, VA 22003	<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/ SHANDA ROBERTSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHANDA ROBERTSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/10/2013 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.		