

1.) CORPORATION NAME:

Royal Scottish Country Dance Society, Northern Virginia Branch

DUE DATE: **10/31/2013**

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 TITLE: TREASURER ADDRESS: 7500 OLDHAM WAY CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EVA LANYI TITLE: VICE CHAIRMAN ADDRESS: 5373 HARBOR COURT DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRYAN MCGHEE TITLE: CHAIRMAN ADDRESS: 8631 WOODVIEW DRIVE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHANDA ROBERTSON TITLE: SECRETARY ADDRESS: 8801 AUNT LILLY LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" 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: DAVE CHASE TITLE: DIRECTOR ADDRESS: 8709 SUDBURY PLACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ELIZABETH HOLTAN TITLE: DIRECTOR ADDRESS: 1001 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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	2/9/2014 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.		