

1.) CORPORATION NAME:

ARLINGTON PHILHARMONIC ASSOCIATION

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALAN IRWIN HERMAN
5569 NORTH 16TH STREET
ARLINGTON, VA**

SCC ID NO: **06548655**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 101103

CITY/ST/ZIP: ARLINGTON, VA 22210

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:	CAROL E ERION	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19 W LINDEN ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		

NAME:	ALAN I. HERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5569 N. 16TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		

NAME:	HELEN BISHOP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3000 SPOUT RUN PKWY #D604		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	JOHN M. FINDLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6407 EPPARD ST		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22044		

NAME:	CARY LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3100 9TH RD #9		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	JOHN RATIGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2000 N POWHATAN ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL STEIN DIRECTOR 609 N. EDGEWOOD ST ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A SUSKIN PRESIDENT 1205 N EVERGREEN ST ARLINGTON, VA 22205	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY THULSON DIRECTOR 1416 DOGWOOD DR ALEXANDRIA, VA 22302	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE WORK DIRECTOR 6245 CHERYL LANE FALLS CHURCH, VA 22044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW KUHNS DIRECTOR 20105 CREW SQ ASHBURN, VA 20147	<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/ ALAN I. HERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN I. HERMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	3/27/2014 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.			