

1.) CORPORATION NAME:

**Parent Leadership Training Institute of Alexandria,
incorporated**

DUE DATE: **8/31/2012**

SCC ID NO: **06629810**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER M. MARSTON
110 SHOOTERS CT
ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

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| 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: PO BOX 26294

CITY/ST/ZIP: ALEXANDRIA, VA 22313

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.

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|-----------------|----------------------|---|--|
| NAME: | CHRISTOPHER MARSTON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 110 SHOOTERS COURT | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22314 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | JOHN EISENHOUR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 630 S PITT ST | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22314 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | JOYCE WOODSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIR | | |
| ADDRESS: | 1407 WAYNE ST | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22314 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| NAME: | MARILYN BRYANT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 606 N JORDAN ST APT 401 | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22304 | | |

| | | | |
|-----------------|-----------------------------|----------------------------------|--|
| NAME: | ADRIENNE FIKES | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 803 N HOWARD ST UNIT 460 | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22304 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | SHERYL GORSUCH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 408A E RAYMOND AVE | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22301 | | |

| | | |
|---|---|--|
| NAME: STACEY GRIGSBY TITLE: DIRECTOR ADDRESS: 6524 BROOKLEIGH WAY CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LYNN HUMPHRIES TITLE: DIRECTOR ADDRESS: 3132 WELLINGTON RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PATRICE LINEHAN TITLE: DIRECTOR ADDRESS: 401 E MONCURE AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TOM RAYCROFT TITLE: DIRECTOR ADDRESS: 132 MONCURE DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: FAY D SLOTNICK TITLE: DIRECTOR ADDRESS: 311 SECOND ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Edith Marybel Enriquez TITLE: DIRECTOR ADDRESS: 3908 Vermont Ave CITY/ST/ZIP/CO: Alexandria, VA 22304 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Hector Huevo TITLE: DIRECTOR ADDRESS: 5 E Monroe Ave CITY/ST/ZIP/CO: Alexandria, VA 22301 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Charniele Herring TITLE: DIRECTOR ADDRESS: 715 N Ashton St CITY/ST/ZIP/CO: Alexandria, VA 22312 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Florence King TITLE: DIRECTOR ADDRESS: 817 King St CITY/ST/ZIP/CO: Ste 203 Alexandria, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Melinda Patrician TITLE: DIRECTOR ADDRESS: 4229 S 36th St CITY/ST/ZIP/CO: Arlington, VA 22206 | <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/ CHRISTOPHER MARSTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CHRISTOPHER MARSTON, SECRETARY PRINTED NAME AND CORPORATE TITLE | 7/2/2012 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.