

1.) CORPORATION NAME:

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

DUE DATE: **8/31/2014**

SCC ID NO: **06629810**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER M. MARSTON
110 SHOOTERS CT
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: 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.

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:	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:	FAY D SLOTNICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	400 MADISON ST		
CITY/ST/ZIP/CO:	APT 2203 ALEXANDRIA, VA 22314		

NAME:	ADRIENNE FIKES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	803 N HOWARD ST		
CITY/ST/ZIP/CO:	UNIT 460 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:	CHARNIELE HERRING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	715 N ASHTON ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FLORENCE KING DIRECTOR 817 KING ST STE 203 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM RAYCROFT DIRECTOR 132 MONCURE DR ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIELLE THOMAS-POLLARD DIRECTOR 5926 MAYFLOWER CT ALEXANDRIA, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES WILSON DIRECTOR 6101 EDSALL RD APT 703 ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Herb Berg DIRECTOR 400 Madison St Apt 1504 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joan Bondareff DIRECTOR 102 Princess St Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joanne Cashman DIRECTOR 5903 Mount Eagle Dr Apt 611 Alexandria, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Perry Cosier DIRECTOR 131 N Washington St Apt 3 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lou Dixon DIRECTOR 704 Miller Ln Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mike Kerry DIRECTOR 400 Madison St Apt 1208 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rosa Landeros DIRECTOR 6109 Scotch Dr Alexandria, VA 22310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Doratheia Peters DIRECTOR 4513 Peacock Ave Alexandria, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	6/24/2014 DATE
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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.