

1.) CORPORATION NAME: **Jefferson Manor Citizens Association** DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **MAEVE ULRICK** SCC ID NO: **06630974**

**5938 MONTICELLO RD
ALEXANDRIA, VA**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 4104
 CITY/ST/ZIP: ALEXANDRIA, VA 22303

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: CHRIS SOULE TITLE: PRESIDENT ADDRESS: 5942 WILLIAMSBURG RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JULIE UPHAM TITLE: VICE PRESIDENT ADDRESS: 2609 FARMINGTON DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHAWN ULRICK TITLE: TREASURER ADDRESS: 5938 MONTICELLO RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Luis Delgadillo TITLE: SECRETARY ADDRESS: 5919 Edgehill Rd CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MAEVE ULRICK TITLE: ASST TREASURER ADDRESS: 5938 MONTICELLO ROAD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22303	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Ashley Davis TITLE: DIRECTOR ADDRESS: 2803 Fairhaven Ave CITY/ST/ZIP/CO: Alexandria, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Craig Mehall TITLE: DIRECTOR ADDRESS: 5857 Monticello Rd CITY/ST/ZIP/CO: Alexandria, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jason Stern TITLE: DIRECTOR ADDRESS: 2855 Fairhaven Ave CITY/ST/ZIP/CO: Alexandria, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kat Sumida TITLE: DIRECTOR ADDRESS: 5848 Monticello Rd CITY/ST/ZIP/CO: Alexandria, VA 22303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Wiegold TITLE: DIRECTOR ADDRESS: 2854 Fairhaven Ave CITY/ST/ZIP/CO: Alexandria, VA 22303	<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/ MAEVE ULRICK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MAEVE ULRICK, ASST TREASURER _____ PRINTED NAME AND CORPORATE TITLE	6/22/2014 _____ 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.		