

1.) CORPORATION NAME:

Dynamo Soccer Club

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS SERVICES, INC.
7415 BROOK ROAD
RICHMOND, VA**

SCC ID NO: **06671846**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8175 MECHANICSVILLE TURNPIKE
STE B

CITY/ST/ZIP: MECHANICSVILLE, VA 23111

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERICK WASSON	
TITLE:	PRESIDENT	
ADDRESS:	6337 ROLLING LAWN COURT	
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23111	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JUDY BRADLEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	8212 REDBERRY LANER	
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GREG SHANES	
TITLE:	TREASURER	
ADDRESS:	7494 RIDGE WAY	
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23111	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHAWN MARTIN	
TITLE:	GEN MANAGER	
ADDRESS:	167 LAUREL DRIVE	
CITY/ST/ZIP/CO:	AYLETT, VA 23009	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAN ANGELIDIS	
TITLE:	BOARD MEMBER	
ADDRESS:	6145 POPPY SEED LANE	
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23111	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TIM MYERS	
TITLE:	BOARD MEMBER	
ADDRESS:	9208 ABINGDON MANOR COURT	
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116	

NAME:	CHRISTINE SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	2801 WEST GRACE STREET		
CITY/ST/ZIP/CO:	APARTMENT #4 RICHMOND, VA 23221		

NAME:	LORI VEST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7095 MARIE LANE		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23111		

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.

<u>/s/ GREG SHANES</u>	<u>GREG SHANES, TREASURER</u>	<u>8/21/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.