

1.) CORPORATION NAME:

Friends Of The Gum Spring Library Board, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT MICHAUD
26005 TALAMORE DRIVE
SOUTH RIDING, VA**

SCC ID NO: **06691679**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26005 Talamore Drive

CITY/ST/ZIP: SOUTH RIDING, VA 20152

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:	ANGELA DREWS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	RECORDING SEC		
ADDRESS:	43058 BARONS ST.		
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152		
NAME:	KIMBER GARLAND-HOLMES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CORR SEC/D		
ADDRESS:	43241 VALIANT DRIVE		
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152		
NAME:	Robert Michaud	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	26005 Talamore Drive		
CITY/ST/ZIP/CO:	South Riding, VA 20152		
NAME:	Robert Lynd	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	25021 Owl Creek Drive		
CITY/ST/ZIP/CO:	Stone Ridge, VA 20105		
NAME:	Tanya Barrett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	42261 Black Rock Terrace		
CITY/ST/ZIP/CO:	Stone Ridge, VA 20105		
NAME:	Prab Goriparthi	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23056 Minerva Drive		
CITY/ST/ZIP/CO:	Brambleton, VA 20148		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tricia Haneghan DIRECTOR 25072 Gazelle Court Chantilly, VA 20152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Margaret Michaud DIRECTOR 26005 Talamore Drive South Riding, VA 20152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Regina Milihram DIRECTOR 25139 Fortitude Terrace Chantilly, VA 20152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Meghna Sharma DIRECTOR 22493 Terra Rosa Place 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/ Robert Lynd SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Robert Lynd, VICE CHAIRMAN PRINTED NAME AND CORPORATE TITLE	11/18/2013 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.			