

1.) CORPORATION NAME:

LVHS Band Parents Association

DUE DATE: **12/31/2011**

SCC ID NO: **06695001**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

LORI M JONES

17379 CANBY ROAD

LEESBURG, VA 20175-6901

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 340 N MAPLE AVE

CITY/ST/ZIP: PURCELLVILLE, VA 20132-

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: RUSSELL RAY
TITLE: PRESIDENT
ADDRESS: 525 E SKYLINE DR
CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-

OFFICER DIRECTOR

NAME: LORI M JONES
TITLE: TREASURER
ADDRESS: 17379 CANBY ROAD
CITY/ST/ZIP/CO: LEESBURG, VA 20175-

OFFICER DIRECTOR

NAME: PAM SMERALDO
TITLE: VICE PRESIDENT
ADDRESS: 17338 ARROWOOD PLACE
CITY/ST/ZIP/CO: ROUND HILL, VA 20141-

OFFICER DIRECTOR

NAME: ANDREA ORENTAS
TITLE: SECRETARY
ADDRESS: 408 CROSMAN COURT
CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-

OFFICER DIRECTOR

NAME: LORI STONE
TITLE: MEMBER AT LARGE
ADDRESS: 709 PIPER'S BROOK DR
CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-

OFFICER DIRECTOR

NAME: RUSSELL RAY TITLE: DIRECTOR ADDRESS: 525 E SKYLINE DR CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-	<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/ LORI M JONES _____	LORI M JONES, TREASURER _____	11/16/2011 _____
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.