

1.) CORPORATION NAME:

**Arlington Presbyterian Church Corporation**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ELIZABETH L WILDHACK  
6045 WILSON BOULEVARD STE 101  
ARLINGTON, VA**

SCC ID NO: **06742621**

5.) STOCK INFORMATION

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

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3507 COLUMBIA PIKE

CITY/ST/ZIP: ARLINGTON, VA 22204

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: ELIZABETH BULL TITLE: PRESIDENT ADDRESS: 4409 S 8TH ST CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LORRAINE GARDNER TITLE: SECRETARY ADDRESS: 37 N GARFIELD STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH ROBB TITLE: TREAS/DIR ADDRESS: 2200 COLUMBIA PK APT 806 CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JON ETHELTON TITLE: DIRECTOR ADDRESS: 6902 BRIGHT AVENUE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTINE GABSTER TITLE: DIRECTOR ADDRESS: 4002 NORTH 5TH STREET APT 2 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY HELEN HARRIS TITLE: DIRECTOR ADDRESS: 3705 S GEORGE MASON #2005 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES R KENNEDY, III TITLE: DIRECTOR ADDRESS: 4852 S 10TH ST CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE LANIER TITLE: DIRECTOR ADDRESS: 1642 IRVING ST CITY/ST/ZIP/CO: WASHINGTON, DC 20010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JESSICA PEERWANI TITLE: DIRECTOR ADDRESS: 3073 EDISON ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305	<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/ JUDITH ROBB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUDITH ROBB, TREAS/DIR PRINTED NAME AND CORPORATE TITLE	4/14/2013 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.		