

1.) CORPORATION NAME:

**Cornerstone Montessori School Parent
Teacher Organization, Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **06858401**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI**

**THE CORNERSTONE MONTESSORI SCHOOL
4451 BROOKFIELD CORPORATE DR STE 201
CHANTILLY, VA 20151**

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: 4455 BROOKFIELD CORPORATE DRIVE
STE 201

CITY/ST/ZIP: CHANTILLY, VA 20151-

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: CRYSTA OJERS
TITLE: PRESIDENT
ADDRESS: 4455 BROOKFIELD CORP DR
STE 201
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: WARANGA IVARONE
TITLE: VP FUNDRAISING
ADDRESS: 4455 BROOKFIELD CORP DR
STE 201
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: DIA ADAMS
TITLE: VP EVENTS
ADDRESS: 4455 BROOKFIELD CORP DR
STE 201
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

NAME: MARIA LEOW-WILCHER
TITLE: SECRETARY
ADDRESS: 4455 BROOKFIELD CORP DR
STE 201
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

OFFICER

DIRECTOR

OFFICER

DIRECTOR

NAME: CHERI SALAS
TITLE: TREASURER
ADDRESS: 4455 BROOKFIELD CORPORATE DR
STE 201
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

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/ CHERI SALAS</u>	<u>CHERI SALAS, TREASURER</u>	<u>11/29/2011</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.