

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Rugby Virginia

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06900963**

**RICHARD WILLATT
11223 CRANBROOK LANE
OAKTON, VA**

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: 11223 CRANBROOK LANE

CITY/ST/ZIP: OAKTON, VA 22124

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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL D PUOPOLO	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 5744	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22905	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN LOUGH	
TITLE:	PRESIDENT	
ADDRESS:	13731 OLD SPRINGHOUSE COURT	
CITY/ST/ZIP/CO:	LOVETTSVILLE, VA 20180	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD S WILLATT	
TITLE:	TREASURER	
ADDRESS:	11223 CRANBROOK LANE	
CITY/ST/ZIP/CO:	OAKTON, VA 22124	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICK SHAWN HERRITY	
TITLE:	DIRECTOR	
ADDRESS:	13929 SOUTH SPRINGS DRIVE	
CITY/ST/ZIP/CO:	CLIFTON, VA 20124	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN M JACOBS	
TITLE:	Man'g Director	
ADDRESS:	4404 SUDLEY ROAD	
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK LAMBOURNE	
TITLE:	DIRECTOR	
ADDRESS:	43261 OVERVIEW PLACE	
CITY/ST/ZIP/CO:	LEESBURG, VA 20176	

NAME: PATRICK MORIN TITLE: DIRECTOR ADDRESS: P.O. BOX 398 CITY/ST/ZIP/CO: MONTPELIER, VA 23192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL T MURPHY, JR TITLE: DIRECTOR ADDRESS: 10033 BONNYKELLY CT CITY/ST/ZIP/CO: BRISTOW, VA 20136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS HERBERT TRUMPS TITLE: DIRECTOR ADDRESS: 410 VMI PARADE CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHARI WILSON TITLE: DIRECTOR ADDRESS: 42 CHERRY AVENUE CITY/ST/ZIP/CO: HAMPTON, VA 23661	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dale Arthur ROACH, Jr TITLE: DIRECTOR ADDRESS: 8218 Treebrooke Lane CITY/ST/ZIP/CO: Alexandria, VA 22308	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Richard WINDLE TITLE: SECRETARY ADDRESS: 20065 Silver Creek Terrace CITY/ST/ZIP/CO: Apt #208 Ashburn, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Amanda June WINDLE TITLE: VICE PRESIDENT ADDRESS: 20065 Silver Creek Terrace CITY/ST/ZIP/CO: Apt #208 Ashburn, VA 20147	<input checked="" 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/ RICHARD S WILLATT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD S WILLATT, TREASURER PRINTED NAME AND CORPORATE TITLE	2/20/2014 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.		