

1.) CORPORATION NAME:

FALLS CHURCH ROTARY CLUB

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSEPH SCHEIBELER
6040 RICHMOND HIGHWAY APT #407
ALEXANDRIA, VA**

SCC ID NO: **06907729**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 22

CITY/ST/ZIP: FALLS CHURCH, VA 22040

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:	LINCOLN GEORGE TUCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9584 BRONTE DRIVE		
CITY/ST/ZIP/CO:	BURKE, VA 22015		

NAME:	JOSEPH A AKKARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7520 WALNUT HILL LANE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	DIANE HILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6818 KINCAID AVE.		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	CARLOTA MCCORMACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4853 MUDDLER WAY		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	JOSEPH SCHEIBELER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6040 RICHMOND HWY., APT 407		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22303		

NAME:	Gregory Viola II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4306 34th Street S.		
CITY/ST/ZIP/CO:	Arlington, VA 22206		

NAME: Rex Hayes TITLE: TREASURER ADDRESS: 1913 Labrador Lane CITY/ST/ZIP/CO: Vienna, VA 22182	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Erica Brouillette TITLE: DIRECTOR ADDRESS: 2818 W. Glen Dr.#43 CITY/ST/ZIP/CO: Falls Church, VA 22046	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Dr. John Karickhoff TITLE: DIRECTOR ADDRESS: 3235 Barbara Lane CITY/ST/ZIP/CO: Fairfax , VA 22031	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Tin Tin Raschid TITLE: DIRECTOR ADDRESS: 7401 West Lake Terrace, Apt. #1601 CITY/ST/ZIP/CO: Bethesda, MD 20817	<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/ JOSEPH SCHEIBELER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH SCHEIBELER, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
2/5/2014 _____ 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.	