

1.) CORPORATION NAME:

Arlington Youth Football Club Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KASIMER & ANNINO, P.C.
7653 LEESBURG PIKE
FALLS CHURCH, VA 22043**

SCC ID NO: **06919617**

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: 3701 N. Delaware St.

CITY/ST/ZIP: ARLINGTON, VA 22207

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:	FRANK F PAINTER JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Commissioner		
ADDRESS:	3701 N DELAWARE ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	Carlos D Moore	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice Commission		
ADDRESS:	4616 N 38TH ST		
CITY/ST/ZIP/CO:	Bowie, MD 20720		
NAME:	Joseph Kouba	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2068 N. Oakland Street		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	SAMUEL E MANHOFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Asst. Treasurer		
ADDRESS:	910 M ST NW #416		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		
NAME:	Regina Kouba	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Registrar/Dir.		
ADDRESS:	2068 N. Oakland Street		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	Mary Ann B Mahan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Secretary		
ADDRESS:	2310 N Burlington St		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		

NAME: Dani Shay Seltzer TITLE: Cheer Director ADDRESS: 2808 John Marshall Drive CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Andre Paige TITLE: Equip. Director ADDRESS: 1503 N. Glebe Rd CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joe Ernst TITLE: DIRECTOR ADDRESS: 2605 S. Wayne Ct CITY/ST/ZIP/CO: Arlington, VA 22206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Monticello TITLE: DIRECTOR ADDRESS: 5222 North 26th Road CITY/ST/ZIP/CO: Arlington, VA 22207	<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/ SAMUEL E MANHOFF _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAMUEL E MANHOFF, Asst. Treasurer _____ PRINTED NAME AND CORPORATE TITLE	3/31/2012 _____ 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.		