

1.) CORPORATION NAME:

**Candlelighters Childhood Cancer Foundation of theDC
Metro Area**

DUE DATE: **3/31/2014**

SCC ID NO: **06919666**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LISA TIGNOR
15808 CROCUS LN
DUMFRIES, VA**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 2705
CITY/ST/ZIP: MERRIFIELD, VA 22116

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:	LISA TIGNOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	15808 CROCUS LN		
CITY/ST/ZIP/CO:	MONTCLAIR, VA 22025-1816		

NAME:	GAIL SCHELLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREAS/DIR		
ADDRESS:	2514 DEEPFORD DR		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	JENNIFER CLICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8217 CARRLEIGH PKWY		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		

NAME:	PAT LAWLESS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	15328 BLUERIDGE VIEW DR		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		

NAME:	HOLLY SENN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13107 AUTUMN WOODS WAY		
CITY/ST/ZIP/CO:	APT G FAIRFAX, VA 22033		

NAME:	AMY SWITZER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	42358 PONDEROSA DR		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20152		

NAME: Meg Crossett TITLE: DIRECTOR ADDRESS: 15311 Blue Ridge View Drive CITY/ST/ZIP/CO: Centreville, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ LISA TIGNOR	LISA TIGNOR, PRES/DIR	3/6/2014
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.