

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

**Brookfield Civic Association**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06928584**

**TERRIE KOUSTENIS  
13520 ELLENDALE DRIVE  
CHANTILLY, VA**

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: PO BOX 222582

CITY/ST/ZIP: CHANTILLY, VA 20153-2582

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:	LARRY LEEDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4055 CARBURY COURT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

NAME:	MARGIE WHEEDLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3998 GUMWOOD COURT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

NAME:	SHELLEY LEEDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4055 CARBURY COURT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

NAME:	TERRIE KOUSTENIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13520 ELLENDALE DR		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

NAME:	JOHN E. MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4219 PENNSBORO COURT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

NAME:	SAMUEL BESALEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4201 KINCAID CT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		

NAME: JAMES ROLLINS TITLE: VICE PRESIDENT ADDRESS: 13602 BENTREE COURT CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN MAZANEC TITLE: DIRECTOR ADDRESS: 4303 DEHAVEN DRIVE CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY SCIRE TITLE: DIRECTOR ADDRESS: 4225 KINCAID COURT CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<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 BESALED	SAMUEL BESALED, PRESIDENT	4/13/2014
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.		