

1.) CORPORATION NAME: **Garrisonville Elementary School Parent-TeacherOrganization** DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **TRACY KORB** SCC ID NO: **06936934**
100 WOOD DRIVE
STAFFORD, VA 22556

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 100 WOOD DRIVE
 CITY/ST/ZIP: STAFFORD, VA 22556

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:	Kim Borovina	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 WOOD DRIVE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

NAME:	Marta Sullivan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 WOOD DRIVE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

NAME:	Kate Fuster	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 WOOD DRIVE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

NAME:	Holly Biller	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 WOOD DRIVE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

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/ Kate Fuster	Kate Fuster, TREASURER	3/8/2013
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.