

1.) CORPORATION NAME: Project HORSE	DUE DATE: 5/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANDREW M WOESSNER 20015 GREAT FALLS FOREST DR GREAT FALLS, VA	SCC ID NO: 06949341
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 20015 GREAT FALLS FOREST DRIVE CITY/ST/ZIP: GREAT FALLS, VA 22066	
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW M WOESSNER		
TITLE: OFFICER		
ADDRESS: 20015 GREAT FALLS FOREST DRIVE		
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DARCY B WOESSNER		
TITLE: OFFICER		
ADDRESS: 20015 GREAT FALLS FOREST DRIVE		
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY L BAER		
TITLE: DIRECTOR		
ADDRESS: 24 SOUTH CHESAPEAKE BEACH AVE		
CITY/ST/ZIP/CO: PRINCE FREDERICK, MD 20678		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHEILA A WOESSNER		
TITLE: DIRECTOR		
ADDRESS: 812 AARON COURT		
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066		

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/ DARCY B WOESSNER	DARCY B WOESSNER, OFFICER	5/28/2014
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.