

1.) CORPORATION NAME:

**Save Historic Arlington House, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**RESAGENT, INC.**

**3190 FAIRVIEW PARK DR STE 300**

**FALLS CHURCH, VA 22042-4510**

DUE DATE: **5/31/2011**

SCC ID NO: **07097512**

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 17047

CITY/ST/ZIP: ARLINGTON, VA 22216-

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: HARLAN GENE CROSS  
TITLE: PRESIDENT  
ADDRESS: PO BOX 17047  
CITY/ST/ZIP/CO: ARLINGTON, VA 22216-

OFFICER

DIRECTOR

NAME: LETITIA GRANT  
TITLE: SECRETARY  
ADDRESS: PO BOX 17047  
CITY/ST/ZIP/CO: ARLINGTON, VA 22216-

OFFICER

DIRECTOR

NAME: KATHLEEN LIPOVAC  
TITLE: DIRECTOR  
ADDRESS: PO BOX 17047  
CITY/ST/ZIP/CO: ARLINGTON, VA 22216-

OFFICER

DIRECTOR

NAME: ANDREW LORENZEN-STRAIT  
TITLE: VICE PRESIDENT  
ADDRESS: PO BOX 17047  
CITY/ST/ZIP/CO: ARLINGTON, VA 22216-

OFFICER

DIRECTOR

NAME: ROBERT M. KUKLEWICZ  
TITLE: TREASURER  
ADDRESS: PO BOX 17047  
CITY/ST/ZIP/CO: ARLINGTON, VA 22216-

OFFICER

DIRECTOR

NAME: JAMES E. BAKER TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT E. LEE IV TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD MCALISTER TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MONTGOMERY C. MEIGS TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES PERCOCO TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH PRYOR TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MERLE C. SCHNEIDER TITLE: DIRECTOR ADDRESS: PO BOX 17047 CITY/ST/ZIP/CO: ARLINGTON, VA 22216-	<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/ ROBERT M. KUKLEWICZ _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT M. KUKLEWICZ, _____ TREASURER PRINTED NAME AND CORPORATE TITLE
3/28/2011 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.	