

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212517259

1.) CORPORATION NAME:

Save Historic Arlington House, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL E. KINNEY
HUNTON & WILLIAMS LLP
1751 PINNACLE DRIVE SUITE 1700**

SCC ID NO: **07097512**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MCLEAN, VA 22102

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 17047		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		

NAME:	ANDREW LORENZEN-STRAIT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 17047		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		

NAME:	LETITIA GRANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 17047		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		

NAME:	ROBERT M. KUKLEWICZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 17047		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		

NAME:	JAMES E. BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 17047		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		

NAME:	ROBERT E. LEE IV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 17047		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		

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: 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
NAME: John Lesinski TITLE: DIRECTOR ADDRESS: P.O. Box 17047 CITY/ST/ZIP/CO: Arlington, VA 22216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Poole 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	5/8/2012 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.		