

1.) CORPORATION NAME:

National Master Chorale, Inc.

DUE DATE: **9/30/2010**

SCC ID NO: **07141120**

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

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 53479

CITY/ST/ZIP: WASHINGTON, DC 20009-

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: KEVIN M DIANA
TITLE: DIRECTOR
ADDRESS: 8235 FRYE RD
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309-

OFFICER

DIRECTOR

NAME: ERIN A DOWER
TITLE: ASST SECRETARY
ADDRESS: 3107 MCCOMAS AVE
CITY/ST/ZIP/CO: KENSINGTON, MD 20895-

OFFICER

DIRECTOR

NAME: CHERYL A BEVERSDORF
TITLE: DIRECTOR
ADDRESS: 2118 N 21ST RD
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER

DIRECTOR

NAME: CHRISTOPHER J HINKLE
TITLE: SECRETARY
ADDRESS: 5945 WILTON RD
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-

OFFICER

DIRECTOR

NAME: MELISSA COOMBS
TITLE: DIRECTOR
ADDRESS: 510 CINDY CT
CITY/ST/ZIP/CO: STERLING, VA 20164-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHELDON J. W. CULLISON TREASURER 6530 N LITTLE FALLS RD ARLINGTON, VA 22309-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE KRESH VICE CHAIRMAN 2400 CLARENDON BLVD APT 509 ARLINGTON, VA 22201-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS R DOWER CHAIRMAN 3107 MCCOMAS AVE KENSINGTON, MD 20895-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH GRADISHER DIRECTOR PO BOX 41296 ARLINGTON, VA 22204-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE S MYER DIRECTOR 1454 T ST NW WASHINGTON, DC 20009-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD ROLLINS DIRECTOR 3903 MOSS DR ANNANDALE, VA 22003-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ CHRISTOPHER J HINKLE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER J HINKLE, <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/14/2010</u> DATE
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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.