

1.) CORPORATION NAME:

Washington Master Chorale, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RESAGENT INC
3190 FAIRVIEW PARK DR STE 300
FALLS CHURCH, VA 22042**

SCC ID NO: **07141120**

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 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:	CHRISTOPHER J HINKLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5945 WILTON RD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	CHERYL A BEVERSDORF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	2118 N 21ST RD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	DIANE KRESH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3930 VACATION LN		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	ELIZABETH P BALDWIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	428 N UNION ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	JANET S CURTIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4100 NECOSTIN WAY		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		
NAME:	JOSEPH GRADISHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 41296		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME: Nancy Davenport TITLE: DIRECTOR ADDRESS: 5606 Dawes Ave CITY/ST/ZIP/CO: Alexandria, VA 22311	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Nancy Caporaso TITLE: DIRECTOR ADDRESS: 1 Shilling Ct CITY/ST/ZIP/CO: Silver Spring, MD 20906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: David Stetson TITLE: DIRECTOR ADDRESS: 1308 Clifton St NW #306 CITY/ST/ZIP/CO: Washington, DC 20009	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas Colohan TITLE: DIRECTOR ADDRESS: 1450 Irving St NW #21 CITY/ST/ZIP/CO: Washington, DC 20010	<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/ CHRISTOPHER J HINKLE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER J HINKLE, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
9/9/2012 _____ 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.	