

1.) CORPORATION NAME:

Washington Master Chorale, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **07141120**

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: CHERYL A BEVERSDORF TITLE: VICE CHAIRMAN ADDRESS: 2118 N 21ST RD CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER J HINKLE TITLE: DIRECTOR ADDRESS: 5945 WILTON RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANE KRESH TITLE: CHAIRMAN ADDRESS: 3930 VACATION LN CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH P BALDWIN TITLE: DIRECTOR ADDRESS: 428 N UNION ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY CAPORASO TITLE: SECRETARY ADDRESS: 1 SHILLING CT CITY/ST/ZIP/CO: SILVER SPRING, MD 20906	<input checked="" 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

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: JOSEPH GRADISHER TITLE: DIRECTOR ADDRESS: PO BOX 41296 CITY/ST/ZIP/CO: ARLINGTON, VA 22204	<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
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/ NANCY CAPORASO	NANCY CAPORASO, SECRETARY	9/25/2013		
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.				