

1.) CORPORATION NAME:

EVANGELICAL LUTHERAN CHURCH OF THE REDEEMER

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAROL C HONIGBERG
7635 HUNTMASTER LN
MCLEAN, VA**

SCC ID NO: **07148661**

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: 1545 CHAIN BRIDGE RD

CITY/ST/ZIP: MCLEAN, VA 22101

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:	RUSSEL JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2001 MAYFAIR MCLEAN CT		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		
NAME:	BJARNEL ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1217 DAVISWOOD DR		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	C. DEAN GRAVES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7821 FALSTAFF RD.		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	STEVEN KUTSCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	6539 TUCKER AVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	DOUG SHEFFLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	341 N GRANADA ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	GEORGE HALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2010 POWHATAN ST.		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		

NAME: KARIN KUTSCHER TITLE: DIRECTOR ADDRESS: 6539 TUCKER AVE. CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LUTHER MARKWART TITLE: DIRECTOR ADDRESS: 6605 HEIDI CT. CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL PRIBULKA TITLE: DIRECTOR ADDRESS: 1007 PARKER ST. CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTIAN RICHTER TITLE: DIRECTOR ADDRESS: 1608 EAST AVE. CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RYAN SCHWARZ TITLE: DIRECTOR ADDRESS: 4554 KLINGLE ST. NW CITY/ST/ZIP/CO: WASHINGTON, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEATHER WALDON TITLE: DIRECTOR ADDRESS: 8003 SNOWPINE WAY CITY/ST/ZIP/CO: MCLEAN, VA 22102	<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/ C. DEAN GRAVES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	C. DEAN GRAVES, TREASURER PRINTED NAME AND CORPORATE TITLE	12/3/2014 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.		