

1.) CORPORATION NAME:

All Ages Read Together, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TAMAR DATAN
16007 FIREFLY HILL LN
LEESBURG, VA**

SCC ID NO: **07151707**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16007 FIREFLY HILL LANE

CITY/ST/ZIP: LEESBURG, VA 20176

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:	SANDRA SHIHADDEH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	16007 FIREFLY HILL LN		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	MARGARET BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	614 MARSHALL DRIVE NE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	CHRISTOPHER D'ARCY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	643 PATRICE DRIVE S.E.		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	KAREN SCHAUFELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	16140 RIVER FARM LANE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	TAMAR DATAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16007 FIREFLY HILL LN		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	BARBARA SCHAUFELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16210 RIVER FARM LN		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME: Penny Desper TITLE: TREASURER ADDRESS: 1201 Mountain Road CITY/ST/ZIP/CO: Haymarket, VA 20169	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Lynn M Rubin TITLE: DIRECTOR ADDRESS: 44450 Scientific Way CITY/ST/ZIP/CO: Ashburn, VA 20147	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Cindy Schaufeld TITLE: DIRECTOR ADDRESS: 16261 River Farm Lane CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Peter Knapp TITLE: DIRECTOR ADDRESS: 44013 Riverpoint Drive CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Elsa Anders TITLE: DIRECTOR ADDRESS: 808 Kinuarra Place CITY/ST/ZIP/CO: Purcellville, VA 20132	<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/ SANDRA SHIHADDEH	SANDRA SHIHADDEH, PRESIDENT	10/24/2013
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.		