

1.) CORPORATION NAME:

**Arlington Tigers Parents Association (ATPA)**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT W RAMSEY III  
2313 S JOYCE ST  
ARLINGTON, VA 22202**

SCC ID NO: **07246382**

5.) STOCK INFORMATION

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

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BARCROFT SPORTS AND FITNESS CENTER  
4200 SOUTH FOUR MILE RUN

CITY/ST/ZIP: ARLINGTON, VA 22206

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:	PETER DE BOOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	431 NORTH KENMORE ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	ANNE RAMSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2313 SOUTH JOYCE ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	JUAN LASANTA CAMACHO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	3056 S. WOODROW ST.		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	STEVE LALLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8 EAST HOWELL AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		
NAME:	HEATHER COCCOZZA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3400 21ST AVE NORTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	KATHERINE CAREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2000 BELLE VIEW BLVD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307		

NAME:	HARRIETT RICHMOND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9423 SANDY CREEK RD		
CITY/ST/ZIP/CO:	FT. WASHINGTON, MD 20744		

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/ ANNE RAMSEY	ANNE RAMSEY, TREASURER	6/18/2012
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.