

1.) CORPORATION NAME: FoxCreek Swim Team, Inc.	DUE DATE: 7/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANDREA BROWN 5506 QUARTER HORSE LN MOSELEY, VA	SCC ID NO: 07252075
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6007 FELL PONY CT
CITY/ST/ZIP: MOSELEY, VA 23120

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: ANDREA BROWN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 5506 QUARTER HORSE LN				
CITY/ST/ZIP/CO: MOSELEY, VA 23120				

NAME: LISA BEBKO	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 16361 COPPER STILL TERR				
CITY/ST/ZIP/CO: MOSELEY, VA 23120				

NAME: WILLIAM E SPRUILL III	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 6007 FELL PONY CT				
CITY/ST/ZIP/CO: MOSELEY, VA 23120				

NAME: MARIA MASHACK	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 5731 TRAIL RIDE DR				
CITY/ST/ZIP/CO: MOSELEY, VA 23120				

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/ WILLIAM E SPRUILL III	WILLIAM E SPRUILL III,	5/19/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.