

1.) CORPORATION NAME:

Unified Prevention Coalition of Fairfax County

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIANE ECKERT
2970-B CHAIN BRIDGE ROAD
OAKTON, VA**

SCC ID NO: **07266737**

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: 2970-B CHAIN BRIDGE ROAD

CITY/ST/ZIP: OAKTON, VA 22124

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:	LISA ADLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9303 SILVERCREEK COURT		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		

NAME:	GEORGE S YOUNG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7805 PREAKNESS LANE		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		

NAME:	LORRIE JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9300 SILVERCREEK CT		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		

NAME:	PHIL DISHAROON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6308 GROVEDALE DR		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	DIANE ECKERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 HELMWOOD CT		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		

NAME:	WILLIAM E HAUDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8359 ALVORD ST		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN MELENDEZ DIRECTOR 6927 KENFIG DR FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN SPROUSE DIRECTOR 7811 RED TULIP CT SPRINGFIELD, VA 22153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NOREEN DINNDORF TREASURER 2970-B Chain Bridge Road Oakton, VA 22124	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CASEY LINGAN DIRECTOR 2970-B Chain Bridge Road Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES ZDEBSKI DIRECTOR 2970-B Chain Bridge Road Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH BRADSHER DIRECTOR 2970-B Chain Bridge Road Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT MARSDEN DIRECTOR 2970-B Chain Bridge Road Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM FULTON DIRECTOR 2970-B Chain Bridge Road Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCY CALDWELL ASST SECRETARY 2970-B Chain Bridge Road Oakton, VA 22124	<input checked="" 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/ LISA ADLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA ADLER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/28/2013 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.			