

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

MSSR PTA

SCC ID NO: **07289028**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

LISA SCHOLIK GREPPS

26135 MURREY DR

SOUTH RIDING, VA 20152

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26135 MURREY DR

CITY/ST/ZIP: SOUTH RIDING, VA 20152-

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: CARMEN ARENAS
TITLE: DIRECTOR
ADDRESS: 25136 BOOMERANG TERR
CITY/ST/ZIP/CO: STONE RIDGE, VA 20105-

OFFICER DIRECTOR

NAME: MICHELLE JAMES
TITLE: DIRECTOR
ADDRESS: 26127 MURREY DR
CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152-

OFFICER DIRECTOR

NAME: LISA SCHOLIK GREPPS
TITLE: PRESIDENT
ADDRESS: 26135 MURREY DR
CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152-

OFFICER 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/ MICHELLE JAMES

MICHELLE JAMES, DIRECTOR

12/16/2011

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.