

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214557250
1.) CORPORATION NAME: MSSR PTA		DUE DATE: 10/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LISA SCHOLIK GREPPS 26135 MURREY DR SOUTH RIDING, VA		SCC ID NO: 07289028
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 25152 Elk Lick Rd. Suite 140 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: LISA SCHOLIK GREPPS TITLE: PRESIDENT ADDRESS: 26135 MURREY DR CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARMEN ARENAS TITLE: DIRECTOR ADDRESS: 24974 MINERAL SPRINGS CIR CITY/ST/ZIP/CO: STONE RIDGE, VA 20105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE JAMES TITLE: DIRECTOR ADDRESS: 26127 MURREY DR CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152	<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/ MICHELLE JAMES	MICHELLE JAMES, DIRECTOR	3/3/2015
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.		