

1.) CORPORATION NAME: BDHS Band Boosters	DUE DATE: 10/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL R VANDERPOOL 9200 CHURCH ST STE 400 MANASSAS, VA	SCC ID NO: 07291149
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 12109 ADEN RD CITY/ST/ZIP: NOKESVILLE, VA 20181	
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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: JEANNE M CONVERSE TITLE: PRESIDENT ADDRESS: 13616 FITZWATER DR CITY/ST/ZIP/CO: NOKESVILLE, VA 20181	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARY ARDOVINO TITLE: VICE PRESIDENT ADDRESS: 10421 CORAL BERRY DR CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SHERYL P FRENCH TITLE: TREASURER ADDRESS: 12664 CRABTREE FALLS DR CITY/ST/ZIP/CO: BRISTOW, VA 20136	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LORI LOWBER ABERNETHY TITLE: SECRETARY ADDRESS: 9480 ALLEGRO DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20112	<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/ SHERYL P FRENCH	SHERYL P FRENCH, TREASURER	10/14/2015
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.