

1.) CORPORATION NAME:

Arlington Youth Lacrosse Club, Corp.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
SPENCER NORCROSS
4730 1ST ST N
ARLINGTON, VA 22203**

SCC ID NO: **07292295**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4730 1ST ST N

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: MARK MCKNIGHT
TITLE: TREASURER
ADDRESS: 314 LAVERNE AVE
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305-

OFFICER

DIRECTOR

NAME: JAMES CHURBUCK
TITLE: SECRETARY
ADDRESS: 5316 26TH ST N
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER

DIRECTOR

NAME: ALLISON WOLF
TITLE: DIRECTOR
ADDRESS: 1000 S. OAKCREST RD
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER

DIRECTOR

NAME: EDWARD BURNS
TITLE: DIRECTOR
ADDRESS: 4620 13TH ST N
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

OFFICER

DIRECTOR

NAME: KEVIN HOUK
TITLE: DIRECTOR
ADDRESS: 1200 N VEITCH ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD JARAMILLO DIRECTOR 5814 N 15TH RD ARLINGTON, VA 22205-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM STEWART DIRECTOR 2912 2ND ST N ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MARTIN DIRECTOR 1935 S ARLINGTON RIDGE RD ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SPENCER NORCROSS COMMISSIONER 4730 1ST ST N ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ MARK MCKNIGHT</u>	<u>MARK MCKNIGHT, TREASURER</u>	<u>2/27/2012</u>
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.