

1.) CORPORATION NAME:

EAST COAST COLLEGES SOCIAL SCIENCE ASSOCIATION

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROSALYN M KING
NORTHERN VA COMMUNITY COLLEGE LOUDOUN
CAMPUS
1000 HARRY FLOOD BYRD HWY

STERLING, VA**

SCC ID NO: **07338882**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: NORTHERN VIRGINIA COMMUNITY COLLEGE-LOUDOUN
21200 Campus Drive

CITY/ST/ZIP: STERLING, VA 20164-8699

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:	ROSALYN M KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHR/BRD OF TRUS		
ADDRESS:	20839 DRIFTWOOD TERRACE		
CITY/ST/ZIP/CO:	STERLING-POTOMAC FALLS, VA 20165		
NAME:	BARBARA CRAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3604 SANDY COURT		
CITY/ST/ZIP/CO:	KENSINGTON, MD 20895		
NAME:	MICHAEL PARSONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17914 PIN OAK ROAD		
CITY/ST/ZIP/CO:	HAGERSTOWN, MD 21740		
NAME:	R. Lee Viar	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19134 Olde Waterford Road		
CITY/ST/ZIP/CO:	Hagerstown, , MD 21742		
NAME:	Beverly Pittman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8640 Thouron Avenue		
CITY/ST/ZIP/CO:	Philadelphia, PA 19150		
NAME:	Sanaz Alasti	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5350 Old Dowlen Road, #327		
CITY/ST/ZIP/CO:	Beaumont, TX 77706		

NAME:	David L. Strickland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	637 Sycamore Street		
CITY/ST/ZIP/CO:	Swainsboro, GA 30401		

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/ ROSALYN M KING</u>	<u>ROSALYN M KING, CHR/BRD OF TRUS</u>	<u>2/26/2014</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.