

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214515778

1.) CORPORATION NAME:

Washington Estonian Society

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANE RAUB
5320 WALDO DRIVE
ALEXANDRIA, VA**

SCC ID NO: **07342140**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5320 WALDO DRIVE

CITY/ST/ZIP: ALEXANDRIA, VA 22315

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: | MIRJAM KRULL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1956 BILTMORE ST NW | | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20009 | | |

| | | | |
|-----------------|------------------------|---|--|
| NAME: | ELISABETH LIISI FIDLER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 6106 WILSON LANE | | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20817 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | JANE RAUB | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 5320 WALDO DR | | |
| CITY/ST/ZIP/CO: | ALEXANDRIA, VA 22315 | | |

| | | | |
|-----------------|----------------------------------|---|--|
| NAME: | EVE TISLER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 400 Massachusetts Avenue NW | | |
| CITY/ST/ZIP/CO: | Apt 1210 Washington, DC 20001 | | |

| | | | |
|-----------------|----------------------------|---|--|
| NAME: | RENE ANVELT | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 10417 SHESUE ST | | |
| CITY/ST/ZIP/CO: | GREAT FALLS, VA 22066-1717 | | |

| | | | |
|-----------------|-----------------------|----------------------------------|--|
| NAME: | Kadri Sanchez | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1461 Park Garden Lane | | |
| CITY/ST/ZIP/CO: | Reston, VA 20194 | | |

| | | | |
|-----------------|---------------------------------|----------------------------------|--|
| NAME: | Age Landra-Robinson | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2003 Columbia Pike apt # 221 | | |
| CITY/ST/ZIP/CO: | Arlington, VA 22204 | | |

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/ ELISABETH LIISI FIDLER</u> | <u>ELISABETH LIISI FIDLER,</u> | <u>3/25/2014</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | TREASURER 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.