

1.) CORPORATION NAME:

Turning Point Suffragist Memorial Association

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
MARY GRACE A O'MALLEY
MARY GRACE A O'MALLEY PLLC
9236B MOSBY ST**

MANASSAS, VA 20110

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **3/31/2012**

SCC ID NO: **07344534**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 184 WASHINGTON ST.
#502

CITY/ST/ZIP: OCCOQUAN, VA 22125-

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: JANE BARKER
TITLE: CHAIRMAN
ADDRESS: 7606 TIFFANY COURT
CITY/ST/ZIP/CO: CLIFTON, VA 20124-

OFFICER DIRECTOR

NAME: JEAN ANN BOLLING
TITLE: DIRECTOR
ADDRESS: 7995 STRAWHORN DRIVE
CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116-

OFFICER DIRECTOR

NAME: BETTY DEAN
TITLE: DIRECTOR
ADDRESS: 456 OVERLOOK DRIVE
CITY/ST/ZIP/CO: OCCOQUAN, VA 22125-

OFFICER DIRECTOR

NAME: LINDA GOLDSTEIN
TITLE: DIRECTOR
ADDRESS: 6827 GLENCOVE DR.
CITY/ST/ZIP/CO: CLIFTON, VA 20124-

OFFICER DIRECTOR

NAME: JOHN HOUSER
TITLE: DIRECTOR
ADDRESS: PO BOX 794
CITY/ST/ZIP/CO: LORTON, VA 22199-

OFFICER DIRECTOR

NAME: EMILY MCCOY TITLE: SECRETARY ADDRESS: 3803-A LARAMIE PL. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: KATHLEEN PABLO TITLE: DIRECTOR ADDRESS: 8739 CUTTERMILL PLACE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: LOIS PAGE TITLE: DIRECTOR ADDRESS: 7902 BRACKSFORD CT. CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: EARNEST PORTA TITLE: TREASURER ADDRESS: PO BOX 502 CITY/ST/ZIP/CO: OCCOQUAN, VA 22125-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: NANCY SARGEANT TITLE: DIRECTOR ADDRESS: 8803 CROSS CHASE CIRCLE CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SU WEBB TITLE: DIRECTOR ADDRESS: PO BOX 345 CITY/ST/ZIP/CO: HAMILTON, VA 20159-	<input 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.

/s/ EARNEST PORTA	EARNEST PORTA, TREASURER	1/19/2012
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.