

1.) CORPORATION NAME:

**National Capital Area Chapter, West Virginia University
Alumni Association**

DUE DATE: **3/31/2015**

SCC ID NO: **07351745**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSEPH P UNDERWOOD
10449 CARRIAGEPARK CT
FAIRFAX, VA**

5.) STOCK INFORMATION

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: 10449 CARRIAGE PARK COURT

CITY/ST/ZIP: FAIRFAX, VA 22032-2367

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:	DARREN FEELEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6319 HILLSBOROUGH DRIVE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22044		

NAME:	MARIANNE ADEZIO MYERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5513 SHIPLEY COURT		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		

NAME:	LIONEL TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5504 DE SOTO STREET		
CITY/ST/ZIP/CO:	BURKE, VA 22015		

NAME:	CHRISTOPHER GREAVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4201 EASTERN AVENUE APT A1		
CITY/ST/ZIP/CO:	MOUNT RAINIER, MD 20712		

NAME:	ROBERT BRADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 10TH ST. NE APT 2		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		

NAME:	KRISTINE CONDIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	40895 MEADOW VISTA PLACE		
CITY/ST/ZIP/CO:	LOVETTSVILLE, VA 20180		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL FARMER DIRECTOR 4605 DEMBY DRIVE FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK FRENCH DIRECTOR 2710 S HAYES ST. ARLINGTON, VA 22202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL FULTON DIRECTOR 10005 EAST BEXHILL DRIVE KENSINGTON, MD 20895	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAD MCCORMICK DIRECTOR 10127 COMMONWEALTH BLVD FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOLLY METZ DIRECTOR 14511 CARROLTON ROAD ROCKVILLE, MD 20853	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK MYERS DIRECTOR 5210 FERNBOOK DRIVE CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN NODIANOS DIRECTOR 44337 SILKWORTH TERRACE ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIDGET NODIANOS DIRECTOR 44337 SILKWORTH TERRACE ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARK TAYLOR DIRECTOR 12002 PROVOST WAY GERMANTOWN, MD 20874	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTEN THOMASELLI DIRECTOR 1001 N RANDOLPH ST, UNIT 114 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN WALLS DIRECTOR 3091 N QUINCY STREET ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	KIMBERLY WIERZBICKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3278 MARTHA CUSTIS DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		

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/ LIONEL TAYLOR	LIONEL TAYLOR, TREASURER	2/22/2015
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.