

1.) CORPORATION NAME:

FoundersDogPark.com

DUE DATE: **4/1/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JENNIFER CALVERY
104 E MONROE AVE
ALEXANDRIA, VA 22301**

SCC ID NO: **07380306**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 806 North Fairfax Street, No. 214

CITY/ST/ZIP: Alexandria, VA 22314

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CATHLEEN CURTIN	
TITLE:	DIRECTOR	
ADDRESS:	501 PRINCESS ST	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN HOWELLS	
TITLE:	PRESIDENT	
ADDRESS:	100 QUEEN ST	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SALLY TAMM	
TITLE:	DIRECTOR	
ADDRESS:	214 ORONOCO	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM TIPSWOOD	
TITLE:	VICE PRESIDENT	
ADDRESS:	115 N LEE ST #404	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAD TYLER	
TITLE:	DIRECTOR	
ADDRESS:	529 TOBACCO QUAY	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Jennifer Calvery	
TITLE:	TREASURER	
ADDRESS:	104 East Monroe Avenue	
CITY/ST/ZIP/CO:	Alexandria, VA 22301	

NAME: Anne McDonald-Pritchett TITLE: DIRECTOR ADDRESS: 118 Queen Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Beiro TITLE: DIRECTOR ADDRESS: 314 North Royal Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Kusch TITLE: DIRECTOR ADDRESS: 312 North Fairfax Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ Jennifer Calvery SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jennifer Calvery, TREASURER PRINTED NAME AND CORPORATE TITLE	4/1/2012 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.		