

1.) CORPORATION NAME:

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

Herndon Environmental Network

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07486384**

**CRISTINA LEWANDOWSKI
13500 MARTHA JEFFERSON PL
HERNDON, VA**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13500 MARTHA JEFFERSON PL

CITY/ST/ZIP: HERNDON, VA 20171

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:	BARBARA WELSH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1129 DEVON STREET		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	MEGHAN GALLARDO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	908 MONROE ST.		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	KIMBERLY PAOLUCCI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12903 FRAMINGHAM CT.		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	MARY BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	907 THIRD ST		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	CHRISTINE ELROD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1043 SABER LANE		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	CRISTINA LEWANDOWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13500 MARTHA JEFFERSON PL.		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME: ANNE REGAN TITLE: DIRECTOR ADDRESS: 1016 CHARLTON PL CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AERAHN SHUPP TITLE: DIRECTOR ADDRESS: 1527 SHELLBARK PL CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Annie LeShock TITLE: DIRECTOR ADDRESS: 12502 Rock Chapel Ct CITY/ST/ZIP/CO: Herndon, VA 20170	<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/ CHRISTINE ELROD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINE ELROD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/6/2014 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.		