

|  |  |       |            |
|--|--|-------|------------|
| 1.) CORPORATION NAME:<br><b>LEONARD W. KIDD AMERICAN LEGION MEMORIAL POST<br/>2001</b>                             | DUE DATE: <b>6/30/2014</b><br><br>SCC ID NO: <b>07526965</b>   |       |            |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>NORMAN LARSON<br/>20751 STEAMSIDE PLACE<br/>ASHBURN, VA</b> | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> | CLASS | AUTHORIZED |
| CLASS  | AUTHORIZED   |       |            |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>LOUDOUN COUNTY</b>   |  |       |            |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |  |       |            |

|   |
|---|
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 20751 STEAMSIDE PLACE<br><br>CITY/ST/ZIP: ASHBURN, VA 20147 |
|---|

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: NORMAN R LARSON<br>TITLE: ADJUTANT<br>ADDRESS: 20751 STEAMSIDE PLACE<br>CITY/ST/ZIP/CO: ASHBURN, VA 20147          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: Charles H Loomis III<br>TITLE: 1st Vice Cmdr<br>ADDRESS: 44402 Adare Manor Sq<br>CITY/ST/ZIP/CO: ASHBURN, VA 20147 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Robert J O'Such<br>TITLE: 2nd Vice Cmdr<br>ADDRESS: 22831 Quante Sq<br>CITY/ST/ZIP/CO: ASHBURN, VA 20148           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Charles M McKinney III<br>TITLE: Commander<br>ADDRESS: 43990 NEEDMORE CT<br>CITY/ST/ZIP/CO: ASHBURN, VA 20147      | <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/ NORMAN R LARSON                                 | NORMAN R LARSON, ADJUTANT        | 5/26/2014 |
| 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.