

1.) CORPORATION NAME:

Dance Club Shenandoah

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LYLE J FOSTER
5761 CANNONEER COURT
WARRENTON, VA**

SCC ID NO: **07533128**

5.) STOCK INFORMATION

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

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7561 CANNONEER COURT

CITY/ST/ZIP: WARRENTON, VA 20186

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JANE MCCOOL	
TITLE:	TREASURER	
ADDRESS:	125 W. 8TH STREET	
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LYLE J. FOSTER	
TITLE:	DIRECTOR	
ADDRESS:	7561 CANNONEER COURT	
CITY/ST/ZIP/CO:	WARRENTON, VA 20186	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRYAN GRAHAM	
TITLE:	DIRECTOR	
ADDRESS:	6247 HIGHMEADOW PLACE	
CITY/ST/ZIP/CO:	WARRENTON, VA 20187	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VICKIE GRAHAM	
TITLE:	DIRECTOR	
ADDRESS:	6247 HIGHMEADOW PLACE	
CITY/ST/ZIP/CO:	WARRENTON, VA 20187	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY HEATH	
TITLE:	PRESIDENT	
ADDRESS:	5735 HUNTON WOOD DRIVE	
CITY/ST/ZIP/CO:	BROAD RUN, VA 20137	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVE NICHOLS	
TITLE:	SECRETARY	
ADDRESS:	355 W. WHITLOCK AVE.	
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN NICHOLS DIRECTOR 355 W. WHITLOCK AVE. WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRAYSON REDFORD DIRECTOR 101 STONE RIDGE COURT WINCHESTER, VA 22602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KITTY REDFORD DIRECTOR 101 STONE RIDGE COURT WINCHESTER, VA 22602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL PROPOKCHAK VICE PRESIDENT 1714 LEWIS STREET WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN PROPOKCHAK DIRECTOR 1714 LEWIS STREET WINCHESTER, VA 22601	<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/ LYLE J. FOSTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LYLE J. FOSTER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/22/2013 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.			