

1.) CORPORATION NAME:

Choral Boosters of Oakton High School, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LINDA FERRI
2900 SUTTON RD
VIENNA, VA**

SCC ID NO: **07575699**

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: 2900 Sutton Rd

CITY/ST/ZIP: Vienna, VA 22181

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: Linda Ferri TITLE: PRESIDENT ADDRESS: 9824 Five Oaks Rd CITY/ST/ZIP/CO: Fairfax, VA 22031	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jami Keene TITLE: VICE PRESIDENT ADDRESS: 12825 Parapet Way CITY/ST/ZIP/CO: Oak Hill, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carol Golden TITLE: TREASURER ADDRESS: 3405 Cedar Crest Lane CITY/ST/ZIP/CO: Fairfax, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lisa Pierce TITLE: SECRETARY ADDRESS: 2812 Winter Oaks Way CITY/ST/ZIP/CO: Oak Hill, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Judy Johnson TITLE: DIRECTOR ADDRESS: 2859 Franklin Oaks Drive CITY/ST/ZIP/CO: Oak Hill, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hilary Carroll TITLE: DIRECTOR ADDRESS: 12855 Parapet Way CITY/ST/ZIP/CO: Oak Hill, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Cindy Hann TITLE: DIRECTOR ADDRESS: 3253 Pony Ridge Way CITY/ST/ZIP/CO: Oakton , VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laurie Griggs TITLE: DIRECTOR ADDRESS: 12303 Ox Hill Rd CITY/ST/ZIP/CO: Fairfax, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tiffany Powell TITLE: DIRECTOR ADDRESS: 2900 Sutton Rd CITY/ST/ZIP/CO: Vienna, VA 22181	<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/ Carol Golden	Carol Golden, TREASURER	1/14/2014
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.		