

1.) CORPORATION NAME:

Stafford Regional Choral Society, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

SCC ID NO: **07617251**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 6161

CITY/ST/ZIP: Stafford, VA 22403

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:	MARY ANN BUSCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	21 STONERIDGE COURT		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	MARK S JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	2802 ANGELA COURT		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		
NAME:	JENNIFER STRATTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE-CHAIR		
ADDRESS:	4 PATRIOT WAY		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	CLIFF CUSICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5 RYAN WAY		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		
NAME:	Eugenio Bacordo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 Doug St.		
CITY/ST/ZIP/CO:	Stafford, VA 22554		
NAME:	Wendy Colby	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	138 Theresa Dr.		
CITY/ST/ZIP/CO:	Stafford, VA 22554		

NAME: Joan Norvell TITLE: DIRECTOR ADDRESS: 4 Lawrence Ln. CITY/ST/ZIP/CO: Fredericksburg, VA 22405	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kevin French TITLE: DIRECTOR ADDRESS: 7 Brown Circle CITY/ST/ZIP/CO: Falmouth, VA 22405	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Susan Kosier TITLE: DIRECTOR ADDRESS: 209 Taylor St. CITY/ST/ZIP/CO: Fredericksburg, VA 22405	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Barbara Leroy TITLE: DIRECTOR ADDRESS: 524 Park Cove Dr. CITY/ST/ZIP/CO: Stafford, VA 22554	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Denny Springer TITLE: DIRECTOR ADDRESS: 14 Greenridge Dr. CITY/ST/ZIP/CO: Stafford, VA 22554	<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/ MARK S JONES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK S JONES, CHAIR PRINTED NAME AND CORPORATE TITLE	2/26/2014 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.		