

1.) CORPORATION NAME:

CREDIT UNION MORTGAGE ASSOCIATION, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ANDREW G BURY JR
40 CROSS ST 3RD FL
PO BOX 386**

SCC ID NO: **F0347544**

URBANNA, VA 23175

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 500,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MIDDLESEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9693 A MAIN ST

CITY/ST/ZIP: FAIRFAX, VA 22031-

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: SCOTT TOLER
TITLE: P/CEO
ADDRESS: 8254 ANDREW FOREST WAY
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-

OFFICER

DIRECTOR

NAME: JERRY NEUFANG
TITLE: EXEC VP
ADDRESS: 22 WINNING COLORS RD
CITY/ST/ZIP/CO: STAFFORD, VA 22554-

OFFICER

DIRECTOR

NAME: LARRY KELLY
TITLE: SECRETARY
ADDRESS: 6215 SYDNEY RD
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-

OFFICER

DIRECTOR

NAME: WILLIAM YARBOROUGH
TITLE: TREASURER
ADDRESS: 5270 DUKE ST #409
CITY/ST/ZIP/CO: ALEX, VA 22304-

OFFICER

DIRECTOR

NAME: DOUGLAS ALLMAN
TITLE: CHAIRMAN
ADDRESS: 3540 FOXHALL DR
CITY/ST/ZIP/CO: DAVIDSONVILLE, MD 20135-

OFFICER

DIRECTOR

| | |
|--|--|
| NAME: KATHY GEARY TITLE: VICE CHAIRMAN ADDRESS: 1412 N MEADE ST CITY/ST/ZIP/CO: ARLINGTON, VA 22209- | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CARLOS CALDERON TITLE: DIRECTOR ADDRESS: 1652 LA SALLE AVE CITY/ST/ZIP/CO: MCLEAN, VA 22102- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARGIE CLICK TITLE: DIRECTOR ADDRESS: 8025 TANWORTH CT CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DANNY GREGG TITLE: DIRECTOR ADDRESS: 5257 FERRY BRANCH LANE CITY/ST/ZIP/CO: LOTHIAN, MD 20711- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CHARLES MALLON TITLE: DIRECTOR ADDRESS: 13220 MCCARTNEY CT CITY/ST/ZIP/CO: BRISTOW, VA 20136- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOSEPH THOMAS TITLE: DIRECTOR ADDRESS: 47563 COLDSPRINGS PLACE CITY/ST/ZIP/CO: STERLING, VA 20165- | <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/ JERRY NEUFANG | JERRY NEUFANG, EXEC VP |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | 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. | |