

1.) CORPORATION NAME:

CREDIT UNION MORTGAGE ASSOCIATION, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0347544**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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URBANNA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MIDDLESEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10800 Main St

CITY/ST/ZIP: FAIRFAX, VA 22030

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	8254 ANDREW FOREST WAY		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		

NAME:	JERRY NEUFANG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	22 WINNING COLORS RD		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		

NAME:	LARRY KELLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6215 SYDNEY RD		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		

NAME:	WILLIAM YARBOROUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5270 DUKE ST #409		
CITY/ST/ZIP/CO:	ALEX, VA 22304		

NAME:	DOUGLAS ALLMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3540 FOXHALL DR		
CITY/ST/ZIP/CO:	DAVIDSONVILLE, MD 20135		

NAME:	CHARLES MALLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13220 MCCARTNEY CT		
CITY/ST/ZIP/CO:	BRISTOW, VA 20136		

NAME: CARLOS CALDERON TITLE: DIRECTOR ADDRESS: 1652 LASALLE AVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS ALLMAN TITLE: DIRECTOR ADDRESS: 3540 FOXHALL DR CITY/ST/ZIP/CO: DAVIDSONVILLE, MD 21035	<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: LARRY KELLY TITLE: DIRECTOR ADDRESS: 6215 SYDNEY RD CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<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	5/23/2013
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.		