

1.) CORPORATION NAME:

**GREENSPRING VILLAGE, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

DUE DATE: **5/31/2011**

SCC ID NO: **F1338567**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7400 SPRING VILLAGE DRIVE

CITY/ST/ZIP: SPRINGFIELD, VA 22150-

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:	JOANNE MALLOY RORAPAUGH	
TITLE:	Chairperson	
ADDRESS:	917-25TH ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD LEVIN	
TITLE:	SECRETARY	
ADDRESS:	7446 SPRING VILLAGE DRIVE APT 113	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES M ANDERS, JR.	
TITLE:	DIRECTOR	
ADDRESS:	707 N BROADWAY RM 611	
CITY/ST/ZIP/CO:	BALTIMORE, MD 21205-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REV. L. CARROLL YINGLING, JR.	
TITLE:	DIRECTOR	
ADDRESS:	717 MAIDEN CHOICE LANE ST-T19	
CITY/ST/ZIP/CO:	CARSONVILLE, MD 21228-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE D SHUBNELL	
TITLE:	P / Vice Chair	
ADDRESS:	200 LANDING VIEW LANE	
CITY/ST/ZIP/CO:	LANCASTER, VA 22503-2642	

NAME: JERRY SEALS, M.D. TITLE: DIRECTOR ADDRESS: 11375 HEATHERTOE LANE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: EILEEN ERSTAD TITLE: TREASURER ADDRESS: 108 CANTERBURY CIRCLE CITY/ST/ZIP/CO: NICEVILLE, FL 32578-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: C. JACKSON BAIN TITLE: DIRECTOR ADDRESS: 923 PRISCILLA LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22308-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MAURICE A. BELLAN TITLE: DIRECTOR ADDRESS: C/O ARENT FOX LLP 1050 CONNECTICUT AVENUE, N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20036-5339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ JOANNE MALLOY RORAPAUGH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOANNE MALLOY RORAPAUGH, Chairperson PRINTED NAME AND CORPORATE TITLE	<u>5/31/2011</u> DATE
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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.