

1.) CORPORATION NAME:

**Oakcrest School**

DUE DATE: **2/28/2011**

SCC ID NO: **F1437104**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**OTHON WILTZ**

**6353 CHOWNING PLACE**

**MC LEAN, VA 22101**

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:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 850 BALLS HILL ROAD

CITY/ST/ZIP: MCLEAN, VA 22101-

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: ELLEN M CAVANAGH  
TITLE: HEAD OF SCHOOL  
ADDRESS: 2709 36TH ST, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20007-

OFFICER

DIRECTOR

NAME: JOSEPH N GRAIF  
TITLE: CFO  
ADDRESS: 3303 ROCKY MOUNT RD  
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: OTHON WILTZ  
TITLE: board president  
ADDRESS: 6353 CHOWNING PLACE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER

DIRECTOR

NAME: BRENDY ESMOND  
TITLE: board v. p.  
ADDRESS: 302 BLAIR COURT  
CITY/ST/ZIP/CO: VIENNA, VA 22180-

OFFICER

DIRECTOR

NAME: MARK KEHRLI  
TITLE: board secretary  
ADDRESS: 11709 CRIPPEN COURT  
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: DAWN CARPENTER TITLE: board treasurer ADDRESS: 1003 RIVA RIDGE ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RENEE AUSTELL TITLE: DIRECTOR ADDRESS: 166 RIVER PARK DRIVE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEE DIXON TITLE: DIRECTOR ADDRESS: 4112 40TH PLACE, NORTH CITY/ST/ZIP/CO: ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHAUN PACIOUS TITLE: DIRECTOR ADDRESS: 1318 OZCAN STREET CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY SHARP TITLE: DIRECTOR ADDRESS: 1005 NORTH GLEBE ROAD SUITE 610 CITY/ST/ZIP/CO: ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERESITA SULIT TITLE: DIRECTOR ADDRESS: 6579 SAND WEDGE ROAD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MOIRA WALSH TITLE: DIRECTOR ADDRESS: 243 LEXINGTON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10016-	<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.	
<u>/s/ JOSEPH N GRAIF</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOSEPH N GRAIF, CFO</u> PRINTED NAME AND CORPORATE TITLE
<u>2/28/2011</u> 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.	