

1.) CORPORATION NAME:

MID-ATLANTIC GREAT DANE RESCUE LEAGUE, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1592288**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 285

CITY/ST/ZIP: HANOVER, MD 21076

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 FRAN CINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	56 BOONTON AVE		
CITY/ST/ZIP/CO:	BOONTON, NJ 07005		
NAME:	LISSA SCOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP OF EDUCATION		
ADDRESS:	82 WIMBLEDON DR		
CITY/ST/ZIP/CO:	DOVER, DE 19904		
NAME:	CHRISTINA BUCKNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1253 OLD DORSEY RD		
CITY/ST/ZIP/CO:	HARMANS, MD 21077		
NAME:	GAY ANN WAYNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	238 WEST WASHINGTON AVE		
CITY/ST/ZIP/CO:	PEARL RIVER, NY 10965		
NAME:	Regina Hill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	117 Virginia Ave.		
CITY/ST/ZIP/CO:	Reading, PA 19606		
NAME:	Laurie Zoock	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	604 Courtney Dr.		
CITY/ST/ZIP/CO:	Temple Terrace, FL 33617		

NAME: Karla Lathrop TITLE: DIRECTOR ADDRESS: 4 Nelson Pkwy. CITY/ST/ZIP/CO: Rush, NY 14543	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Courtney Vogenitz TITLE: DIRECTOR ADDRESS: 169 Onville Rd. CITY/ST/ZIP/CO: Stafford, VA 22556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patricia Ali TITLE: DIRECTOR ADDRESS: 54 E. Street CITY/ST/ZIP/CO: Port Reading, NJ 07064	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Debbie Bohrer TITLE: DIRECTOR ADDRESS: 89 Dreahook Rd. CITY/ST/ZIP/CO: Lebanon, NJ 08833	<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/ CHRISTINA BUCKNER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINA BUCKNER, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	6/15/2014 _____ 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.		