

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214501843

1.) CORPORATION NAME:

**ACG National Capital, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1653874**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 S WACKER DRIVE  
SUITE 3100

CITY/ST/ZIP: CHICAGO, IL 60606

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:	DARA CASTLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1934 OLD GALLOWS ROAD		
CITY/ST/ZIP/CO:	SUITE 400 VIENNA, VA 22182		

NAME:	RONALD MORGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	1934 OLD GALLOWS ROAD		
CITY/ST/ZIP/CO:	SUITE 400 VIENNA, VA 22182		

NAME:	MANIK RATH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT ELECT		
ADDRESS:	1934 OLD GALLOWS ROAD		
CITY/ST/ZIP/CO:	SUITE 400 VIENNA, VA 22182		

NAME:	ADAM J. AUGUST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP MEMBERSHIP		
ADDRESS:	1934 OLD GALLOWS ROAD.		
CITY/ST/ZIP/CO:	SUITE 400 VIENNA, VA 22182		

NAME:	SCOTT MEZA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP PROGRAMS		
ADDRESS:	1934 OLD GALLOWS ROAD.		
CITY/ST/ZIP/CO:	SUITE 400 VIENNA, VA 22182		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD SHOFF TREASURER 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH CORMIER DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN EVANS DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN FRIEDMAN DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GEORGE DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE HALE DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE C. JONES DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NUHAD E. KARAKI DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANIRUDH KULKARNI DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRANCE C. MCGOVERN DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TUCKER SAMPSON DIRECTOR 1934 OLD GALLOW ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURTIS L. SCHEHR DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY V. WOODFORD DIRECTOR 1934 OLD GALLOWS ROAD SUITE 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Katherine K. Newland SECRETARY 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bud Rosenthal VP Marketing 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John M. Germano DIRECTOR 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael H. Lustbader DIRECTOR 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tim H. Meyers DIRECTOR 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Beth Monroe DIRECTOR 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Craig Reed DIRECTOR 1934 Old Gallows Road Suite 400 Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Gregory Treger	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1934 Old Gallows Road		
	Suite 400		
CITY/ST/ZIP/CO:	Vienna, VA 22182		

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/ DARA CASTLE	DARA CASTLE, PRESIDENT	12/27/2013
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.