

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212504193

1.) CORPORATION NAME:

Counterpart International, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **F1734054**

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

AUTH IN VI

VIRGINIA PROFESSIONAL SERVICES LLC

3850 Gaskins Rd., Suite 120

Richmond, VA 23233

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2345 CRYSTAL DR
STE 301

CITY/ST/ZIP: ARLINGTON, VA 22202-

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 AU
TITLE: VICE PRESIDENT
ADDRESS: 2345 CRYSTAL DR STE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

OFFICER

DIRECTOR

NAME: JOAN PARKER
TITLE: PRESIDENT
ADDRESS: 2345 CRYSTAL DRIVE
SUITE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

OFFICER

DIRECTOR

NAME: TIM OGBORN
TITLE: VICE PRESIDENT
ADDRESS: 2345 CRYSTAL DRIVE
SUITE 301
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

OFFICER

DIRECTOR

NAME: TOM LOVEJOY
TITLE: DIRECTOR
ADDRESS: 900 17TH STREET, NW
SUITE 700
CITY/ST/ZIP/CO: WASHINGTON, DC, DC 20006-

OFFICER

DIRECTOR

NAME: ERIC MEADE
TITLE: DIRECTOR
ADDRESS: 100 N. PITT STREET
SUITE 307
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: JENNIFER ROSE TITLE: DIRECTOR ADDRESS: 2900 K STREET, NW SUITE 100 CITY/ST/ZIP/CO: WASHINGTON DC, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEBORAH NOLAN TITLE: DIRECTOR ADDRESS: 1101 NEW YORK AVENUE, NW CITY/ST/ZIP/CO: WASHINGTON DC, DC 20005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARCIA SILVERMAN TITLE: DIRECTOR ADDRESS: 1111 19TH STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID WICKLINE TITLE: DIRECTOR ADDRESS: 17575 FITZPATRICK LANE CITY/ST/ZIP/CO: OCCIDENTAL, CA 95465-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH WHITTLESEY TITLE: DIRECTOR ADDRESS: 1101 K STREET, NW SUITE 400 CITY/ST/ZIP/CO: WASHINGTON, DC, DC 20005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA EDDY TITLE: DIRECTOR ADDRESS: 450 NORTH BRAND BOULEVARD SUITE 600 CITY/ST/ZIP/CO: GLENDALE, CA 91203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY T LARICHE TITLE: CHAIRMAN ADDRESS: 900 PERIMETER PARK DR STE G CITY/ST/ZIP/CO: MORRISVILLE, NC 27560-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LES WALLACE TITLE: DIRECTOR ADDRESS: PO BOX 460100 CITY/ST/ZIP/CO: AURORA, CO 80046-	<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/ JOAN PARKER	JOAN PARKER, PRESIDENT	1/31/2012
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.