

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213552260

1.) CORPORATION NAME:

**Counterpart International, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA PROFESSIONAL SERVICES LLC**  
**3850 Gaskins Rd., Suite 120**  
**Richmond, VA 23233**

SCC ID NO: **F1734054**

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

NAME: MARY LANG  OFFICER  DIRECTOR  
TITLE: COO  
ADDRESS: 2345 CRYSTAL DR STE 301  
CITY/ST/ZIP/CO: ARLINGTON, VA 22202

NAME: TIM OGBORN  OFFICER  DIRECTOR  
TITLE: SENIOR V.P.  
ADDRESS: 2345 CRYSTAL DRIVE  
SUITE 301  
CITY/ST/ZIP/CO: ARLINGTON, VA 22202

NAME: JEFFREY T LARICHE  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 900 PERIMETER PARK DR STE G  
CITY/ST/ZIP/CO: MORRISVILLE, NC 27560

NAME: BRENDA EDDY  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 450 NORTH BRAND BOULEVARD  
SUITE 600  
CITY/ST/ZIP/CO: GLENDALE, CA 91203

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

NAME: ERIC MEADE TITLE: DIRECTOR ADDRESS: 100 N. PITT STREET SUITE 307 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<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: 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: 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: LES WALLACE TITLE: DIRECTOR ADDRESS: PO BOX 460100 CITY/ST/ZIP/CO: AURORA, CO 80046	<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: DAVID WICKLINE TITLE: DIRECTOR ADDRESS: 17575 FITZPATRICK LANE CITY/ST/ZIP/CO: OCCIDENTAL, CA 95465	<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/CEO	12/19/2012
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.		