

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214526449

1.) CORPORATION NAME:

Counterpart International, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA PROFESSIONAL SERVICES, LLC
3850 GASKINS RD STE 120
RICHMOND, VA**

SCC ID NO: **F1734054**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	2345 CRYSTAL DRIVE SUITE 301 ARLINGTON, VA 22202		

NAME:	JEFFREY T LARICHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 PERIMETER PARK DR STE G MORRISVILLE, NC 27560		

NAME:	BRENDA EDDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 NORTH BRAND BOULEVARD SUITE 600 GLENDALE, CA 91203		

NAME:	TOM LOVEJOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 17TH STREET, NW SUITE 700 WASHINGTON, DC, DC 20006		

NAME:	ERIC MEADE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 N. PITT STREET SUITE 307 ALEXANDRIA, VA 22314		

NAME:	DEBORAH NOLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1101 NEW YORK AVENUE, NW WASHINGTON DC, DC 20005		

NAME:	JENNIFER ROSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2900 K STREET, NW		
CITY/ST/ZIP/CO:	SUITE 100 WASHINGTON DC, DC 20007		
NAME:	MARCIA SILVERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 19TH STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC, DC 20036		
NAME:	LES WALLACE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 460100		
CITY/ST/ZIP/CO:	AURORA, CO 80046		
NAME:	JUDITH WHITTLESEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1101 K STREET, NW		
CITY/ST/ZIP/CO:	SUITE 400 WASHINGTON, DC, DC 20005		
NAME:	DAVID WICKLINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17575 FITZPATRICK LANE		
CITY/ST/ZIP/CO:	OCCIDENTAL, CA 95465		
NAME:	Kathleen Rowan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2345 Crystal Drive		
CITY/ST/ZIP/CO:	Suite 301 Arlington, VA 22202		
NAME:	Andrea Bonime-Blanc	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	161 West 75th Street		
CITY/ST/ZIP/CO:	#3A New York, NY 10023		
NAME:	Raul Herrera	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 Twelfth Street, NW		
CITY/ST/ZIP/CO:	Washington, DC 20004		

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	5/22/2014
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.