## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002685

Entity Name: GROUP W VIRGINIA INC.

**Current Principal Place of Business:** 

8315 LEE HIGHWAY, SUITE 400

FAIRFAX, VA 22031

**Current Mailing Address:** 

8315 LEE HIGHWAY, SUITE400 FAIRFAX. VA 22031 US

FEI Number: 20-0795636 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEARY, MICHAEL 1127 S. PATRICK DR., STE 27 SATELLITE BEACH, FL 32937 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PS Title VT

Name BRADY, JAMES W Name WHITMAN, STUART E

Address 3218 AMBERLEY LANE Address 4105 FAIRFAX CENTER CREEK DR.

City-State-Zip: FAIRFAX VA 22031 City-State-Zip: FAIRFAX VA 22030

Title DIR Title DIR

Name MORGAN, GARTH R Name BARGER, MILLARD I

Address 10162 RED SPRUCE ROAD Address 807 BURNT MILLS AVENUE

City-State-Zip: FAIRFAX VA 22032 City-State-Zip: SILVER SPRING MD 20901

Title DIR Title DIR

Name ZANDBERGEN, WAYNE P Name MURPHY, TERRILYNNE
Address 1950 NORTH CALVERT STREET, #301 Address 47770 MARINER COURT

City-State-Zip: ARLINGTON VA 22201 City-State-Zip: POTOMAC FALLS VA 20165

Title DIRECTOR

Name GERBER, CARLTON

Address 8216 CAPTAIN HAWKINS COURT

City-State-Zip: ANNANDALE VA 22003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STUART E WHITMAN VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

03/20/2013 Date

FILED Mar 20, 2013

**Secretary of State** 

CC2598536779

Date