

2015 ANNUAL REPORT **COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION

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Brambleton Road Runners

DUE DATE: 01/31/15

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

SCC ID NO.: 0759604-2

CASSANDRA BROWN 42742 EXPLORER DR **BRAMBLETON, VA 20148**

3.

4.

5. STOCK INFORMATION

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١.	CITY OR COUNTY OF VA REGISTERED OFFICE: 153-LOUDOUN COUNTY		
•	STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA		
			i

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 42742 EXPLORER DRIVE	ADDRESS: 39529 Whispering Brook Pl. Leesburg, VA 20175
CITY/ST/ZIP BRAMBLETON, VA 20148	CITY/ST/ZIP

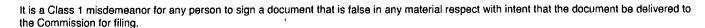
7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
OFFICER IX DIRECTOR IX NAME: CASSANDRA BROWN TITLE: PRESIDENT ADDRESS: 42742 EXPLORER DR	OFFICER DIDIRECTOR DINAME: Bree Anorthy Sandy Starke TITLE: Resident Community Relations ADDRESS: 23257 Tradewind Dr.
CITY/ST/ZIP: BRAMBLETON, VA 20148	CITY/ST/ZIP: Brambleton, VA 20148

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT



CORPORATION NAME:
Brambleton Road Runners

DUE DATE: 01/31/15 SCC ID NO.: 0759604-2

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.

An individual may be designated as both a director and an office

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	
Mark appropriate box unless area below is blank;	If the block to the left is blank or contains incorrect data, pleaso mark appropriate box and enter information below:
Information is correct Information is incorrect Delete information	Correction Addition Replacement
OFFICER 🛛 DIRECTOR 🛣	OFFICER DIRECTOR
NAME: KATIE HESSEN	NAME:
TITLE: VICE PRESIDENT	TITLE: Treasurer
ADDRESS: 42502 LEGACY PARK DR	ADDRESS:
CITY/ST/ZIP: BRAMBLETON, VA 20148	CITY/ST/ZIP:
Merk appropriate box unless area below is blank: Information is correct Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: BREE MURPHY	NAME:
TITLE: TREASURER	TITLE: President
ADDRESS: 22992 OLYMPIA DR	ADDRESS:
CITY/ST/ZIP: BRAMBLETON, VA 20148	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
]	hav and outer intermation halow
☐ Information is correct ☐ Information is incorrect ☒ Delete information	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
☐ Information is correct ☐ Information is incorrect ☒ Delete information OFFICER ☒ DIRECTOR ☒	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR DI NAME: Nichelle Engel
OFFICER X DIRECTOR X NAME: CHRISTINE ELANSARY	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR DI NAME: Nichelle Engel
OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS ADDRESS: 22776 PORTICO PLACE	Dox and enter information below: Correction Maddition Replacement OFFICER M DIRECTOR M NAME: Michelle Engel TITLE: Secretary ADDRESS: 22919 Goldenrod Dr.
OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS ADDRESS: 22776 PORTICO PLACE CITY/ST/ZIP: BRAMBLETON, VA 20148 Mark appropriato box unless area below is blank:	Dox and enter information below: Correction Maddition Replacement OFFICER DIRECTOR
OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS ADDRESS: 22776 PORTICO PLACE CITY/ST/ZIP: BRAMBLETON, VA 20148 Mark appropriato box unless area below is blank: Information is correct Delete information	Dox and enter information below: Correction Maddition Peplacement OFFICER DIRECTOR
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OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS ADDRESS: 22776 PORTICO PLACE CITY/ST/ZIP: BRAMBLETON, VA 20148 Mark appropriato box unless area below is blank: Information is connect Information Delete information OFFICER DIRECTOR NAME: HEATHER FRUZETTI	Dox and enter information below: Correction Maddition Peplacement OFFICER DIRECTOR



CORPORATION NAME: Brambleton Road Runners DUE DATE: 01/31/15 SCC ID NO.: 0759604-2

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer
Mark appropriate box unless area below is blank. Information is correct Information is incorrect Information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below. **Correction** Addition** Replacement**
OFFICER DIRECTOR D	OFFICER DIRECTOR
NAME: KATIE HESSEN	NAME: Cassandra Brown
TITLE: VICE PRESIDENT	TITLE: Treasurer Director
ADDRESS: 42502 LEGACY PARK DR	ADDRESS: 39529 Whispering Brook Pl.
CITY/ST/ZIP: BRAMBLETON, VA 20148	CITY/ST/ZIP: Leesburg, VA 20175
Mark appropriate box unless area below is blank [] Information is incorrect [Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below Correction
OFFICER IN DIRECTOR IN	OFFICER DIRECTOR
NAME: BREE MURPHY	NAME:
TITLE: TREASURER	TITLE: President
ADDRESS: 22992 OLYMPIA DR	ADDRESS:
CITY/ST/ZIP: BRAMBLETON, VA 20148	CITY/ST/ZIP:
Mark appropriate box unless area below is blank. Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information bullow. Correction Addition Heplacement
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OFFICER DIRECTOR NAME: CHRISTINE ELANSARY	box and enter information bulow. Correction Addition Heplacoment OFFICER DIRFCTOR DI
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OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS ADDRESS: 22776 PORTICO PLACE CITY/ST/ZIP: BRAMBLETON, VA 20148 Ment appropriate box unloss area below is blank Information is correct Distriction. OFFICER DIRECTOR DI	Deficer Director Maddition Deplacement OFFICER DIRECTOR
OFFICER DIRECTOR NAME: CHRISTINE ELANSARY TITLE: MEDIA RELATIONS ADDRESS: 22776 PORTICO PLACE CITY/ST/ZIP: BRAMBLETON, VA 20148 Mark appropriate box unloss aren below is blank: Information is correct Dinformation is incorrect Delete information OFFICER DIRECTOR NAME: HEATHER FRUZETTI	Deficer Director Maddition Haptacornent Officer Director Directo

