

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

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215024355

1. CORPORATION NAME:  
Brambleton Road Runners

DUE DATE: 01/31/15

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
CASSANDRA BROWN  
42742 EXPLORER DR  
BRAMBLETON, VA 20148

SCC ID NO.: 0759604-2

5. STOCK INFORMATION

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
153-LOUDOUN COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

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

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> 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  CITY/ST/ZIP BRAMBLETON, VA 20148	ADDRESS: 39529 Whispering Brook Pl. Leesburg, VA 20175  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: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: CASSANDRA BROWN TITLE: PRESIDENT ADDRESS: 42742 EXPLORER DR CITY/ST/ZIP: BRAMBLETON, VA 20148	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <del>Bree Murphy</del> Sandy Starke TITLE: <del>President</del> Community Relations ADDRESS: 23257 Tradewind Dr. 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

Cassandra Brown / <sup>Registered Agent</sup> Director  
PRINTED NAME AND CORPORATE TITLE

1/16/2015  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: KATIE HESSEN                  TITLE: VICE PRESIDENT                  ADDRESS: 42502 LEGACY PARK DR                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                  NAME:                  TITLE: <i>Treasurer</i>                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input checked="" type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input checked="" type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: BREE MURPHY                  TITLE: TREASURER                  ADDRESS: 22992 OLYMPIA DR                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                  NAME:                  TITLE: <i>President</i>                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input type="checkbox"/> Correction    <input checked="" type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: CHRISTINE ELANSARY                  TITLE: MEDIA RELATIONS                  ADDRESS: 22776 PORTICO PLACE                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: <i>Michelle Engel</i>                  TITLE: <i>Secretary</i>                  ADDRESS: <i>22919 Goldenrod Dr.</i>                  CITY/ST/ZIP: <i>Brambleton, VA 20148</i></p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input checked="" type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input checked="" type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: HEATHER FRUZETTI                  TITLE: SECRETARY                  ADDRESS: 23240 HICKOX DRIVE                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                  NAME:                  TITLE: <i>Vice President</i>                  ADDRESS:                  CITY/ST/ZIP:</p>

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: KATIE HESSEN                  TITLE: VICE PRESIDENT                  ADDRESS: 42502 LEGACY PARK DR                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: Cassandra Brown                  TITLE: <del>Treasurer</del> Director                  ADDRESS: 39529 Whispering Brook Pl.                  CITY/ST/ZIP: Leesburg, VA 20175</p>
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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: BREE MURPHY                  TITLE: TREASURER                  ADDRESS: 22992 OLYMPIA DR                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                  NAME:                  TITLE: President                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank.  <input type="checkbox"/> Information is correct                   <input type="checkbox"/> Information is incorrect                   <input checked="" type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below.  <input type="checkbox"/> Correction                   <input checked="" type="checkbox"/> Addition                   <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: CHRISTINE ELANSARY                  TITLE: MEDIA RELATIONS                  ADDRESS: 22776 PORTICO PLACE                  CITY/ST/ZIP: BRAMBLETON, VA 20148</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: Michelle Engel                  TITLE: Secretary                  ADDRESS: 22919 Goldenrod Dr                  CITY/ST/ZIP: Brambleton, VA 20148</p>
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