

1.) CORPORATION NAME:

ETA ALUMNI, INCORPORATED

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC.
4701 COX ROAD,
SUITE 301**

SCC ID NO: **00264358**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1635 Running Cedar Court
Attn: William G. Lawrence, Jr., Secretary

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22911

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:	Richard Leigh Curry	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	722 RIVER ROAD		
CITY/ST/ZIP/CO:	EWING, NJ 08628		
NAME:	Paul W. Read	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2310 HIGHLAND AVE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
NAME:	Daniel T. Rinehart	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2105 Glen Cove Way		
CITY/ST/ZIP/CO:	Louisville, KY 40207		
NAME:	William G. Lawrence, Jr.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1535 RUNNING CEDAR CT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		
NAME:	Anthony J. LaCivita	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	141 Riverside Avenue		
CITY/ST/ZIP/CO:	Riverside, CT 06878		
NAME:	Richard E. Maines	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	72 Calvert Circle		
CITY/ST/ZIP/CO:	Bunker Hill, WV 25413		

NAME: Daniel T. McCrystal TITLE: DIRECTOR ADDRESS: 43573 Jackson Hole Circle CITY/ST/ZIP/CO: Leesburg, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rafael X. Zahralddin-Aravena TITLE: DIRECTOR ADDRESS: 1105 Market Street, Suite 1700 CITY/ST/ZIP/CO: c/o Elliot Greenleaf Wilmington, DE 19801	<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/ Anthony J.LaCivita SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Anthony J.LaCivita, PRINTED NAME AND CORPORATE TITLE	5/17/2012 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.		