

1.) CORPORATION NAME:

ETA ALUMNI, INCORPORATED

DUE DATE: **3/31/2013**

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

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:	3293 Twin Heron Ct.		
CITY/ST/ZIP/CO:	Fort Collins, CO 80528		

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:	DANIEL T. MCCRYSTAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	43573 JACKSON HOLE CIRCLE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME:	RAFAEL X. ZAHRALDDIN-ARAVENA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1105 MARKET STREET, SUITE 1700		
CITY/ST/ZIP/CO:	C/O ELLIOT GREENLEAF WILMINGTON, DE 19801		

NAME:	STEPHEN KILMER VON STORCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Chestnut Oak Lane		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903		

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.

<u>/s/ ANTHONY J. LACIVITA</u>	<u>ANTHONY J. LACIVITA, DIRECTOR</u>	<u>6/26/2013</u>
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.