

1.) CORPORATION NAME:

**Medical College of Virginia Alumni Association of Virginia
Commonwealth University**

DUE DATE: **12/31/2013**

SCC ID NO: **00502377**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BARBARA J PAYTON
1016 EAST CLAY ST
PO BOX 980156**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 980156

CITY/ST/ZIP: RICHMOND, VA 23298-0156

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:	KENNETH KOLB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2114 HANOVER AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	JAMES H REVERE, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19070 FOUNDERS KNOLL TERRACE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	PAULA B SAXBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Past President		
ADDRESS:	9620 TRACY CT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	GORDON A MCDUGALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 980156		
CITY/ST/ZIP/CO:	RICHMOND, VA 23298		
NAME:	MICHELLE R PEACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President-Elect		
ADDRESS:	25 Kambis Drive		
CITY/ST/ZIP/CO:	Richmond, VA 23231		
NAME:	PETER KENNEDY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	14441 Creek Stone Drive		
CITY/ST/ZIP/CO:	Chesterfield, VA 23838-6187		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMMY K SWECKER SECRETARY 9469 Indianfield Drive Mechanicsville, VA 23116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRONWYN M BURNHAM DIRECTOR 13320 Dove Tree Lane Rockville, VA 23146-1584	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	URSULA N BUTTS DIRECTOR 815 Forest Hill Drive South Hill, VA 23970	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN BYRNE DIRECTOR 13804 Watch Harbour Court Midlothian, VA 23112-2044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFFORD L DEAL DIRECTOR 14241 Leaffield Drive Midlothian, VA 23113-6003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. QUYNH Do DIRECTOR 1450 E League City Pkwy Apt 122 League City, TX 77573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIN FILLER DIRECTOR 100 Ashley Drive Henrico, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENICA L HARRISON DIRECTOR 12918 Mill Meadow Court Midlothian, VA 23112-7018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH E HOPPER DIRECTOR 1930 Oakengate Lane Midlothian, VA 23113-4043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH HOWELL DIRECTOR 3218 Seminary Avenur Richmond, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM R JENKINS DIRECTOR 7102 Port Lane Mechanicsville, VA 23111-3320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANA KAEFER DIRECTOR 14111 Trails End Drive Montpelier, VA 23192-2740	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E KANICH DIRECTOR 5938 Ponderosa Road Raleigh, NC 27612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA C McKINNEY DIRECTOR 3406 Walkers Ferry Road Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRULA E MINTON DIRECTOR 401 Winterslow Road Richmond, VA 23235-5169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA BYRNE NELSON DIRECTOR 600 Levering Lane Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA T PURDUE DIRECTOR 12401 Gayton Rd., Apt 448 Henrico, VA 23238-2208	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENITA W RANDOLPH DIRECTOR 13292 Kenwick Court Richmond, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELSEY SALLEY DIRECTOR 5509 Riverside Drive Richmond, VA 23225-3049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAYLE J SLIFKA DIRECTOR 2509 Log Cabin Road Maidens, VA 23102-2227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J TYLER STEVENS DIRECTOR 11210 Lady Slipper Lane Richmond, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J NEIL TURNAGE DIRECTOR 1213 Warren Avenue Richmond, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP WONG DIRECTOR 2511 E. Broad St., Unit 1 Richmond, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL RAO Ex-Officio PO BOX 842512 Richmond, VA 23284-2512	<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/ GORDON A MCDUGALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GORDON A MCDUGALL, DIRECTOR PRINTED NAME AND CORPORATE TITLE	11/12/2013 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.			