

1.) CORPORATION NAME:

**ALEXANDRIA CHAPTER, IZAAK WALTON LEAGUE  
OFAMERICA, INCORPORATED**

DUE DATE: **7/31/2013**

SCC ID NO: **00615245**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT HENDRICKS  
2729 GARRISONVILLE RD  
STAFFORD, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**STAFFORD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2729 GARRISONVILLE ROAD

CITY/ST/ZIP: STAFFORD, VA 22556

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:	DEBRA WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	17416 CORDER RD		
CITY/ST/ZIP/CO:	ELKWOOD, VA 22718		

NAME:	VIRGINIA Y WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2729 GARRISONVILLE ROAD		
CITY/ST/ZIP/CO:	STAFFORD, VA 22556		

NAME:	Mike Scherr	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2729 Garrisonville Road		
CITY/ST/ZIP/CO:	Stafford, VA 22556		

NAME:	Greg Thompson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2729 Garrisonville Road		
CITY/ST/ZIP/CO:	Stafford, VA 22556		

NAME:	Shawn Harraden	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2729 Garrisonville Road		
CITY/ST/ZIP/CO:	Stafford, VA 22556		

NAME:	Chris Arnold	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2729 Garrisonville Road		
CITY/ST/ZIP/CO:	Stafford, VA 22556		

NAME: Mike Mooney TITLE: DIRECTOR ADDRESS: 2729 Garrisonville Road CITY/ST/ZIP/CO: Stafford, VA 22556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jim Mitchell TITLE: SECRETARY ADDRESS: 2729 Garrisonville Rd CITY/ST/ZIP/CO: Stafford, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Joe Kolos TITLE: DIRECTOR ADDRESS: 2729 Garrisonville Road CITY/ST/ZIP/CO: Stafford, VA 22556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Larry Plunkard TITLE: Mbrship Secreta ADDRESS: 2729 Garrisonville Road CITY/ST/ZIP/CO: Stafford, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Kirby Ellis TITLE: VICE PRESIDENT ADDRESS: 2729 Garrisonville Road CITY/ST/ZIP/CO: Stafford, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input 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/ DEBRA WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA WILLIAMS, TREASURER PRINTED NAME AND CORPORATE TITLE	12/2/2013 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.		