

1.) CORPORATION NAME:

**AMERICAN LHASA APSO CLUB**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EDMUND R. SLEDZIK  
1704 SHAGBARK CIRCLE  
RESTON, VA 22090**

SCC ID NO: **01423839**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1704 SHAGBARK CIRCLE

CITY/ST/ZIP: RESTON, VA 20190-4437

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:	BARBARA SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 749		
CITY/ST/ZIP/CO:	MANCOS, CO 81328		
NAME:	STEVE CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4186 SE FAIRWAY CT		
CITY/ST/ZIP/CO:	STUART, FL 34997		
NAME:	Thomas Gertz	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO Box 640405		
CITY/ST/ZIP/CO:	San Francisco, CA 94164		
NAME:	MARSHA SUSAG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5302 RIVER DR		
CITY/ST/ZIP/CO:	FARGO, ND 58102		
NAME:	Don Hanson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DELEGATE		
ADDRESS:	1806 Cedar Springs Ln.		
CITY/ST/ZIP/CO:	Anacortes, WA 98221		
NAME:	Rita Cloutier	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 Jennison Rd.		
CITY/ST/ZIP/CO:	Milford, NH 03055		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elaine King Corresp Sec 2105 Linden Lane Silver Spring, MD 20910	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jan Bruton DIRECTOR 5406 SW Woods Ct Portland, OR 97221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Vickie Kuhlman DIRECTOR 1224 Autumn Purple Dr Loveland, CO 80538	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Giles DIRECTOR 2373 Wheatlands Dr Manakin-Sabot, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Naomi Hanson DIRECTOR 1806 Cedar Springs Lane Anacortes, WA 98221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joyce Johanson DIRECTOR 126 W Kurlene Dr Macomb, IL 61455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Beverly Simms DIRECTOR 5 W 27 St Merced, CA 95340	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Clay Williams DIRECTOR 1315 Clearview Dr Allen, TX 75002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bobbie Wood DIRECTOR 102 Kenilworth Blvd Cranford, NJ 07016	<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/ MARSHA SUSAG	MARSHA SUSAG, TREASURER	2/7/2013
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.