

1.) CORPORATION NAME: National Park Hospitality Association	DUE DATE: 5/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DERRICK CRANDALL 7628 HUNTMASER LN MCLEAN, VA	SCC ID NO: 01592641
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1200 G STREET, NW STE 650

CITY/ST/ZIP: WASHINGTON, DC 20005

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: CAROL METZLER			
TITLE: TREASURER			
ADDRESS: 113 S MARKET ST			
CITY/ST/ZIP/CO: ELIZABETHTOWN, PA 17022			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOE FASSLER			
TITLE: CHAIRMAN			
ADDRESS: VIAD CORP 1850 N CENTRAL AVE			
CITY/ST/ZIP/CO: STE 800 PHOENIX, AZ 85004			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PAM KOEBERER PITTS			
TITLE: SECRETARY			
ADDRESS: 2150 MAIN STREET			
CITY/ST/ZIP/CO: STE 5 RED BLUFF, CA 96080			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID B WOODSIDE			
TITLE: VICE CHAIRMAN			
ADDRESS: BOX 24			
CITY/ST/ZIP/CO: BAR HARBOR, ME 04609			

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/ CAROL METZLER	CAROL METZLER, TREASURER	4/11/2014
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.