

1.) CORPORATION NAME:

**The Alexandria Law Library**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL L ZUPAN  
MERCERTRIGIANI  
112 S ALFRED ST STE 200**

SCC ID NO: **01893569**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ALEXANDRIA, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 520 KING ST  
STE LL34

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	MICHAEL L ZUPAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	112 S ALFRED ST STE 200		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	F ANDREW CARROLL III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 19888		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22320		

NAME:	DIANNA CAMPAGNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	719 S SAINT ASAPH ST APT 107		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	DAVID L. CHAMOWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	307 N WASHINGTON ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	PATRICIA RUSSELL EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4009 FORT WORTH AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		

NAME:	NICHOLAS J GEHRIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	510 KING ST STE 301		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMIKA D. JONES PRESIDENT PO BOX 6864 ALEXANDRIA, VA 22306	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXIS N. STACKHOUSE DIRECTOR 600 CAMERON ST STE 211 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FOSTER S.B. FRIEDMAN DIRECTOR 616 N WASHINGTON ST ALEXANDRIA, VA 22314	<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/ MICHAEL L ZUPAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL L ZUPAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/16/2013 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.			