

1.) CORPORATION NAME:

**INTERNATIONAL LACTATION CONSULTANT  
ASSOCIATION**

DUE DATE: **7/31/2012**

SCC ID NO: **02733731**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PRISCILLA G BORNMANN  
100 N PITT ST STE 200  
ALEXANDRIA, VA 22314-3134**

5.) STOCK INFORMATION

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

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2501 AERIAL CENTER PKWY  
STE 103

CITY/ST/ZIP: MORRISVILLE, NC 27560

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:	CATHY CAROTHERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12 COURTNEY CIRCLE		
CITY/ST/ZIP/CO:	SEDONA, AZ 86336		
NAME:	KATHY PARKES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5851 LOST CREEK		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78247		
NAME:	Lisa Mandell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2459 Wynnefield Drive		
CITY/ST/ZIP/CO:	Havertown, PA 19083		
NAME:	NATALIE SROKA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	2501 AERIAL CTR PKWY STE 103		
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560		
NAME:	KAREN WAMBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4101 NORTH WEST 63RD TERRACE		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64151		
NAME:	Sue Saunders	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12/ 140 Melville Parade		
CITY/ST/ZIP/CO:	Perth, 6152, AU		

NAME: Joy Heads TITLE: DIRECTOR ADDRESS: 1/36 Milner Crescent CITY/ST/ZIP/CO: Wollstonecraft, NSW 2065, AU	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Roberta Graham de Escobedo TITLE: DIRECTOR ADDRESS: Calle 3 227 (32A--34) CITY/ST/ZIP/CO: Merida , Yucata 97219, MX	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Decalie Brown TITLE: DIRECTOR ADDRESS: 167 Cliff Drive CITY/ST/ZIP/CO: Katoomba, NSW 2780, AU	<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/ NATALIE SROKA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NATALIE SROKA, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/21/2012 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.		