

1.) CORPORATION NAME:

**INTERNATIONAL LACTATION CONSULTANT
ASSOCIATION**

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

SCC ID NO: **02733731**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Elizabeth Brooks	
TITLE:	PRESIDENT	
ADDRESS:	7906 Pine Road	
CITY/ST/ZIP/CO:	Wyndmoor, PA 19038	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KATHY PARKES	
TITLE:	TREASURER	
ADDRESS:	5851 LOST CREEK	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78247	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LISA MANDELL	
TITLE:	SECRETARY	
ADDRESS:	2459 WYNNEFIELD DRIVE	
CITY/ST/ZIP/CO:	HAVERTOWN, PA 19083	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Richard Padlo	
TITLE:	EXEC DIRECTOR	
ADDRESS:	2501 AERIAL CTR PKWY STE 103	
CITY/ST/ZIP/CO:	MORRISVILLE, NC 27560	

	<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,AUSTRALIA , , FN	

	<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,MEXICO , , FN	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOY HEADS DIRECTOR 1/36 MILNER CRESCENT WOLLSTONECRAFT,NSW,2065,AUSTRALIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE SAUNDERS DIRECTOR 12/ 140 MELVILLE PARADE PERTH,6152,AUSTRALIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sara Gill DIRECTOR 7 Inwood Autumn San Antonio, TX 78248	<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/ Richard Padlo	Richard Padlo, EXEC DIRECTOR	5/28/2013	
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.			