

1.) CORPORATION NAME: ALLERGY AND ASTHMA NETWORK/MOTHERS OF ASTHMATICS,INC.	DUE DATE: 2/29/2016 SCC ID NO: 02820181		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TONYA WINDERS 8229 BOONE BLVD STE 260 VIENNA, VA	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8229 BOONE BLVD SUITE 260 CITY/ST/ZIP: VIENNA, VA 22182	
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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: TONYA WINDERS TITLE: PRESIDENT/CEO ADDRESS: 8229 BOONE BLVD STE 260 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MICHAEL AMATO TITLE: BOARD CHAIR ADDRESS: 6927 OXFORD ROAD CITY/ST/ZIP/CO: TIMBERLAKE, NC 27583	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ TONYA WINDERS	TONYA WINDERS, PRESIDENT/CEO	2/1/2016
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.