

1.) CORPORATION NAME:

**ASSOCIATION FOR PERSONS IN SUPPORTED  
EMPLOYMENT**

DUE DATE: **9/30/2010**

SCC ID NO: **03267580**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
KATHERINE INGE  
1314 W. MAIN ST.  
RICHMOND, VA 23220**

5.) STOCK INFORMATION

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

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1627 MONUMENT AVE., ROOM 301

CITY/ST/ZIP: RICHMOND, VA 23220-

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: RON RUCKER  
TITLE: DIRECTOR  
ADDRESS: 1104 MEADOWBROOK CIRCLE WEST  
CITY/ST/ZIP/CO: ALLENTOWN, PA 18103-

OFFICER  DIRECTOR

NAME: DAVID HOFF  
TITLE: VICE PRESIDENT  
ADDRESS: ICI-UMASS  
100 MORISSEY BOULEVARD  
CITY/ST/ZIP/CO: BOSTON, MA 02125-

OFFICER  DIRECTOR

NAME: JON ALEXANDER  
TITLE: PRESIDENT  
ADDRESS: KAPOSIA INC.  
380 E. LAFAYETTE FREEWAY SOUTH  
CITY/ST/ZIP/CO: ST. PAUL, MN 55107-1216

OFFICER  DIRECTOR

NAME: KATHERINE INGE  
TITLE: DIRECTOR  
ADDRESS: RRTC-VCU  
1314 W MAIN ST  
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

OFFICER  DIRECTOR

NAME: LAURA OWENS  
TITLE: DIRECTOR  
ADDRESS: 451 HUNGERFORD DRIVE  
CITY/ST/ZIP/CO: ROCKVILLE, MD 20850-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CESILEE COULSON TREASURER WISE 100 S. KING ST., SUITE 260 SEATTLE, WA 98104-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN RINNE SECRETARY P.O. BOX 1732 200 E. WINSLOW RD. BLOOMINGTON, IN 47402-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSY BARNES DIRECTOR P.O. BOX 1437 SLOT S-530 LITTLE ROCK, AR 72203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRY BECKER DIRECTOR NIVC SERVICES INC P.O. BOX 428 MASON CITY, IA 50402-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS BORN DIRECTOR P.O. BOX 1258 1100 BROADWAY ANDERSON, IN 46015-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY BENTLEY DIRECTOR 3195 S. SUPERIOR ST. MILWAUKEE, WI 53207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE CAPPS DIRECTOR 124 MARRIOTT DRIVE SUITE 203 TALLAHASSEE, FL 32301-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIC GABLE DIRECTOR 705 NEWTON ROAD BOWLING GREEN, OH 43402-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA GHIOSI DIRECTOR 1800 CONCORD AVE METAIRIE, LA 70003-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: HOWARD GREEN TITLE: DIRECTOR ADDRESS: P.O. BOX 842011 1314 W. MAIN ST. CITY/ST/ZIP/CO: RICHMOND, VA 23284-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA GUTOWSKI TITLE: DIRECTOR ADDRESS: GATEWAY SCHOOL 60 HIGH STREET CITY/ST/ZIP/CO: CARTERET, NJ 07008-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LINDSEY HAASER TITLE: DIRECTOR ADDRESS: ADVOCATIONS 1 BUFFALO AVE NW #3303 CITY/ST/ZIP/CO: CONCORD, NC 28025-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CATHY HEALY TITLE: DIRECTOR ADDRESS: PEATC 305 W. GLENDALE AVE. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22301-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: T.J. MONROE TITLE: DIRECTOR ADDRESS: 3801 WOODBRIDGE BLVD APT B-203 CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN PERRY TITLE: DIRECTOR ADDRESS: ADVOCACY IN ACTION 119 FIDELITY STREET, A5 CITY/ST/ZIP/CO: CARRBORO, NC 27510-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY QUARLES TITLE: DIRECTOR ADDRESS: 349 WEST COMMERCIAL STREET SUITE 2795 CITY/ST/ZIP/CO: EAST ROCHESTER, NY 14445-	<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/ LAURA OWENS	LAURA OWENS, DIRECTOR	9/1/2010
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.