

1.) CORPORATION NAME:

**ALLIANCE FOR THE PHYSICALLY DISABLED, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SONJA L. PARR  
11805 RIVER DRIVE  
MASON NECK, VA**

SCC ID NO: **03458015**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3705 S GEORGE MASON DRIVE  
#105S

CITY/ST/ZIP: FALLS CHURCH, VA 22041

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:	JOHN RENFRO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	16501 NICARTER LN		
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155		
NAME:	FRAN RENSBARGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9924 WOODEN DOVE CT		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	BETTY WAWRZASZEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6815 MURRAY LANE		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		
NAME:	SONJA L PARR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11805 RIVER DRIVE		
CITY/ST/ZIP/CO:	MASON NECK, VA 22079		
NAME:	FREDERICK J DAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5673 COLUMBIA PIKE, #100		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22041		
NAME:	Kathy Shields	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	109 Birmingham		
CITY/ST/ZIP/CO:	Williamsburg, VA 23188		

NAME: Annette Porter TITLE: VICE PRESIDENT ADDRESS: 2001 Carriage Court CITY/ST/ZIP/CO: Vienna, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mitch Opalski TITLE: TREASURER ADDRESS: 3129 12th St. CITY/ST/ZIP/CO: Arlington, VA 22204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Art Shields TITLE: DIRECTOR ADDRESS: 109 Birmingham CITY/ST/ZIP/CO: Williamsburg, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Paula Renfro TITLE: DIRECTOR ADDRESS: 1650 Nicarter Lane CITY/ST/ZIP/CO: Gainesville, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deirdre Shields TITLE: DIRECTOR ADDRESS: 3705 S. George Mason Drive #105S CITY/ST/ZIP/CO: Falls Church, VA 22041	<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/ SONJA L PARR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SONJA L PARR, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/18/2013 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.		