

1.) CORPORATION NAME:

ADVOCATES INTERNATIONAL, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRENT M MCBURNEY
2920 KING STREET
ALEXANDRIA, VA**

SCC ID NO: **04026803**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2920 KING STREET

CITY/ST/ZIP: ALEXANDRIA, VA 22302-3512

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:	BRENT M MCBURNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	717 E. TIMBER BRANCH PARKWAY		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302-3619		
NAME:	VILMA C. BALMACEDA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 SOUTH BLVD		
CITY/ST/ZIP/CO:	NYACK, NY 10960-3604		
NAME:	MATT BRISTOL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 Glenhaven Road		
CITY/ST/ZIP/CO:	North Chesterfield, VA 23236-2516		
NAME:	TERESA CONRADIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1126 LOIS AVENUE		
CITY/ST/ZIP/CO:	, , FN		
NAME:	TIMOTHY C KLENK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	428 ROAYL BONNET COURT		
CITY/ST/ZIP/CO:	FT MYERS, FL 33908-1616		
NAME:	MIN-CHOON LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	32 JALAN SS20/20		
CITY/ST/ZIP/CO:	, , FN		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL E LOGAN VICE CHAIRMAN 2009 LAWRENCE STREET, NE WASHINGTON, DC 20018-2832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH ROSS CHAIRMAN 790 FRANKLINWAY CRESCENT London, ON N6G 5C8, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER D SHERRARD DIRECTOR 1640 N.E. JACOBSON RD. POULSBO, WA 98370-8726	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH W STARR DIRECTOR ONE BEAR PLACE #97096 WACO, TX 76798-7096	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART A ZIMMER, JR. SECRETARY 1537 AVENUE D SUITE 352 BILLINGS, MT 59102-3048	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Adèle Auxier Keim DIRECTOR 3000 K Street, NW Suite 220 Washington, DC 20007-5153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter Rathbun DIRECTOR 1865 Broadway New York, NY 10023-7505	<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/ BRENT M MCBURNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRENT M MCBURNEY, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	12/12/2013 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.			