

1.) CORPORATION NAME:
**PROJECT MANAGEMENT INSTITUTE, WASHINGTON,
D.C.CHAPTER, INC.**

DUE DATE: **10/31/2013**

SCC ID NO: **05481874**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
**PETER A DINGMAN
526 KING ST STE 423
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: 400 N WASHINGTON ST STE 300

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	ROY BURTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	9013 HARROVER PLACE		
CITY/ST/ZIP/CO:	LORTON, VA 22079		

NAME:	DARLA HOWARD-RAMIREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	38286 JOHN WOLFORD ROAD		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

NAME:	ELIZBETH MCQUEEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2414 GARNETT DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-4906		

NAME:	CATHERINE SWEENEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	43911 THORNCROFT TERR		
CITY/ST/ZIP/CO:	ASHBURN, VA 20148		

NAME:	SHIRLEY BUCHANAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13397 GANDALL COURT		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112		

NAME:	Brent Bunn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12635 Dusty Wheel Ln		
CITY/ST/ZIP/CO:	Fairfax, VA 22033-1736		

NAME: Mike Nelson TITLE: DIRECTOR ADDRESS: 12191 Cinnamon St CITY/ST/ZIP/CO: Woodbridge, VA 22192	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kendall Lott TITLE: PRESIDENT ADDRESS: 8200 Cottage St CITY/ST/ZIP/CO: Vienna, VA 22180-6938	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Davin Hattaway TITLE: Staff Director ADDRESS: 400 N Washington St Ste 300 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER <input 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/ Davin Hattaway	Davin Hattaway, Staff Director	9/6/2013
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.		