

1.) CORPORATION NAME: **AMERICAN INTELLECTUAL PROPERTY LAW EDUCATION FOUNDATION** DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA** 5.) STOCK INFORMATION
CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION: **VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 241 18TH ST S
STE 700

CITY/ST/ZIP: ARLINGTON, VA 22202

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:	PHILIP HAMPTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	1825 EYE ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		

NAME:	DAVID HIGHET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	BECTON DICKINSON 1 BECTON DRIVE		
CITY/ST/ZIP/CO:	FRANKLIN LAKES, NJ 07417		

NAME:	DIALLO CRENSHAW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2100 PENNSYLVANIA AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		

NAME:	W. TODD BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT 1940 DUKE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	MARC COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	KIRKLAND & ELLIS LLP 777 S FIGUERAA ST		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	JOHN DELEHANTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO		
CITY/ST/ZIP/CO:	666 THIRD AVENUE NEW YORK, NY 10017		
NAME:	GUY DONATIELLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ENDO PHARMACEUTICALS		
CITY/ST/ZIP/CO:	177 CANTIGUE ROCK ROAD WESTBURY, NY 11590		
NAME:	CARL HORTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	GENERAL ELECTRIC		
CITY/ST/ZIP/CO:	3135 EASTON TURNPIKE W3E FAIRFIELD, CT 06825		
NAME:	SHARON A. ISRAEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MAYER BROWN		
CITY/ST/ZIP/CO:	700 LOUISIANA STREET HOUSTON, TX 77002		
NAME:	DENISE KETTELBERGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2200 WEST FARGO CENTER		
CITY/ST/ZIP/CO:	90 SOUTH 7TH ST MINNEAPOLIS, MN 55402		
NAME:	KATHY KOWALCHYK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3200 IDS CENTER		
CITY/ST/ZIP/CO:	80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		
NAME:	NICHOLAS LEACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CHEVRON		
CITY/ST/ZIP/CO:	6001 BOLLINGER CANYON RD SAN RAMON, CA 94583		
NAME:	SUSAN MCGAHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AT & T		
CITY/ST/ZIP/CO:	DALLAS, TX 75202		
NAME:	DOUGLAS NORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ELI LILLY		
CITY/ST/ZIP/CO:	839 S. DELEWARE ST INDIANAPOLIS, IN 46225		
NAME:	STASIA L ODGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BAXTER HEALTHCARE CORP		
CITY/ST/ZIP/CO:	1 BAXTER PARKWAY DEERFIELD, IL 60015		

NAME:	M. ANDREA RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NORTH ADAMS		
CITY/ST/ZIP/CO:	NORTH ADAMS, MA 01247		
NAME:	JULE SIGALI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MICROSOFT		
CITY/ST/ZIP/CO:	REDMOND, WA 98052		
NAME:	FRANCINE WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	775 EAST BLITHEDALE AVENUE		
CITY/ST/ZIP/CO:	#325 MILL VALLEY, CA 94941		
NAME:	Susan Barbieri-Montgomery	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	155 Seaport Blvd., Suite 1600		
CITY/ST/ZIP/CO:	Suite 1600, MA 02210-2600		
NAME:	Philip S. Johnson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1 Johnson & Johnson Plaza		
CITY/ST/ZIP/CO:	New Brunswick, NJ 08933		
NAME:	Denise DeFranco	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 New York Ave NW		
CITY/ST/ZIP/CO:	Washington, DC 20001		
NAME:	Shayne E. O'Reilly	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 Peachtree Street NE		
CITY/ST/ZIP/CO:	Suite 2800 Atlanta, GA 30309-4528		
NAME:	Myron Stout	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5599 San Felipe St		
CITY/ST/ZIP/CO:	Houston, TX 77056		
NAME:	Phyllis Turner-Brim	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3150 139th Ave SE		
CITY/ST/ZIP/CO:	Building 4 Bellevue, WA 98005		

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/ DAVID HIGHET	DAVID HIGHET, PRESIDENT	1/23/2014
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.