

1.) CORPORATION NAME:

**Virginia Academy of Elder Law Attorneys**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
ELIZABETH L WILDHACK  
6045 WILSON BOULEVARD  
SUITE 101**

**ARLINGTON, VA 22205**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **2/28/2011**

SCC ID NO: **05724596**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10640 MAIN ST  
STE 200

CITY/ST/ZIP: FAIRFAX, VA 22030-

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: MARGARET A O'REILLY CELA  
TITLE: DIRECTOR  
ADDRESS: 761 C MONROE ST STE 200  
CITY/ST/ZIP/CO: HERNDON, VA 22070-

OFFICER  DIRECTOR

NAME: ELIZABETH WILDHACK  
TITLE: TREASURER  
ADDRESS: 6045 WILSON BOULEVARD  
SUITE 101  
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-

OFFICER  DIRECTOR

NAME: ELIZABETH L GRAY  
TITLE: PRESIDENT  
ADDRESS: 3975 UNIVERSITY DR, #560  
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER  DIRECTOR

NAME: JEAN GALLOWAY BALL  
TITLE: CHAIRMAN  
ADDRESS: 10306 EATON PL STE 130  
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER  DIRECTOR

NAME: JENNIFER A. CRANE  
TITLE: SECRETARY  
ADDRESS: 11350 RANDOM HILL ROAD  
SUITE 400  
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER M. MCCARTHY DIRECTOR 15871 CITY VIEW DRIVE STE 220 MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RHONA LEVINE DIRECTOR PO BOX 1489 ROANOKE, VA 24007-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHOEBE HALL DIRECTOR 1401 HUGUENOT RD. STE 100 MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YAHNE MIORINI DIRECTOR 2010 CORPORATE RIDGE, STE. 700 MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRIS SELFRIDGE DIRECTOR 607 LYNNHAVEN PKWY. VIRGINIA BEACH, VA 23452-	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVAN H FARR DIRECTOR 10640 MAIN ST STE 200 FAIRFAX, VA 22030-	<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.		
<u>/s/ ELIZABETH WILDHACK</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH WILDHACK, <u>TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>1/20/2011</u> 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.		