

1.) CORPORATION NAME:

Virginia Academy of Elder Law Attorneys

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05724596**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA 22205

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6045 WILSON BOULEVARD
STE 101

CITY/ST/ZIP: ARLINGTON, VA 22205-

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

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: PHOEBE HALL
TITLE: DIRECTOR
ADDRESS: 1401 HUGUENOT RD.
STE 100
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER DIRECTOR

NAME: RHONA LEVINE
TITLE: DIRECTOR
ADDRESS: PO BOX 1489
CITY/ST/ZIP/CO: ROANOKE, VA 24007-

OFFICER DIRECTOR

NAME: YAHNE MIORINI TITLE: DIRECTOR ADDRESS: 2010 CORPORATE RIDGE, STE. 700 CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CRIS SELFRIDGE TITLE: DIRECTOR ADDRESS: 607 LYNNHAVEN PKWY. CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER M. MCCARTHY TITLE: PRESIDENT ADDRESS: 15871 CITY VIEW DRIVE STE 220 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH L GRAY TITLE: DIRECTOR ADDRESS: 3975 UNIVERSITY DR, #560 CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EVAN H FARR TITLE: VICE PRESIDENT ADDRESS: 10640 MAIN ST STE 200 CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEAN GALLOWAY BALL TITLE: DIRECTOR ADDRESS: 10306 EATON PL STE 130 CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET A O'REILLY TITLE: DIRECTOR ADDRESS: 761 C MONROE ST STE 200 CITY/ST/ZIP/CO: HERNDON, VA 22070-	<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	<u>ELIZABETH WILDHACK, TREASURER</u> PRINTED NAME AND CORPORATE TITLE
<u>1/4/2012</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.	