

1.) CORPORATION NAME:

Virginia Academy of Elder Law Attorneys

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05724596**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA

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:	YAHNE MIORINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2010 CORPORATE RIDGE, STE. 700		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	ELIZABETH WILDHACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6045 WILSON BOULEVARD SUITE 101		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		

NAME:	ELIZABETH BIRCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1700-D GEORGE WASHINGTON MEMORIAL HWY		
CITY/ST/ZIP/CO:	YORK COUNTY, VA 23693		

NAME:	RONALD FEINMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 MAIN STREET, SUITE 702		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24504-1519		

NAME:	KAREN FORTIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3073 BRICKHOUSE COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	JEAN GALLOWAY BALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10306 EATON PL STE 130		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH L GRAY DIRECTOR 3975 UNIVERSITY DR, #560 FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT HALEY DIRECTOR 3371 FAIRYSTONE PARK HWY BASSETT, VA 24055	<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:	ROSS HART DIRECTOR 40 W. MAIN STREET PO BOX 567 SALEM, VA 24153	<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:	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:	JAMES MCCONVILLE DIRECTOR 7010 LITTLE RIVER TURNPIKE SUITE 320 ANNANDALE, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET A O'REILLY DIRECTOR 761 C MONROE ST STE 200 HERNDON, VA 22070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA PEADEN DIRECTOR 6802 PARAGON PLACE RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHRYN PRYOR DIRECTOR VIRGINIA POVERTY LAW CENTER 700 E. MAIN STREET, SUITE 1410 RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE SCHOTT MURRAY DIRECTOR ODIN, FELDMAN & PITTLEMAN, PC 1775 WIEHLE AVENUE, SUITE 400 RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER SHEFFIELD DIRECTOR 904 PRINCESS ANNE ST FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA SMITH DIRECTOR 277 BENDIX ROAD, SUITE 400 VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH MURO VON KELLER DIRECTOR 8567-D SUDLEY ROAD MANASSAS, VA 20110	<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/ ELIZABETH WILDHACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH WILDHACK, TREASURER PRINTED NAME AND CORPORATE TITLE	4/13/2015 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.			