

1.) CORPORATION NAME: Association of Contingency Planners-WashingtonDC-Mid Atlantic Chapter	DUE DATE: 1/31/2013 SCC ID NO: 06090583		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN BARNETT 6127 LONG MEADOW RD MCLEAN, VA 22101	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 6127 LONG MEADOW RD CITY/ST/ZIP: MCLEAN, VA 22101
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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: ARTHUR FULLER TITLE: PRESIDENT ADDRESS: 4003 35TH STREET CITY/ST/ZIP/CO: MOUNT RANIER, MD 20712	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN C BARNETT TITLE: TREASURER ADDRESS: 6127 LONG MEADOW ROAD CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALISON M SOHMER TITLE: SECRETARY ADDRESS: 12013 TALIRISM PLACE #35 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" 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/ JOHN C BARNETT	JOHN C BARNETT, TREASURER	1/30/2013
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.