

1.) CORPORATION NAME:

Academy of Clinical Research Professionals

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **06502520**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 99 Canal Center Plaza
STE 200

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	JAMES D THOMASELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	99 Canal Center Plaza		
CITY/ST/ZIP/CO:	STE 200 ALEXANDRIA, VA 22314		
NAME:	SUSANE WARNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	8431 E COPPER LAKE DR		
CITY/ST/ZIP/CO:	HOUSTON, TX 77095		
NAME:	Deborah Rosenbaum	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	201 Livingstone Dr		
CITY/ST/ZIP/CO:	Cary, NC 27513		
NAME:	DENNIS DEROSIA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	IMD Past Chair		
ADDRESS:	PROFIT INSTITUTE FOR CLINICAL RESEARCH INC		
CITY/ST/ZIP/CO:	855 3RD AVE STE 4400 CHULA VISTA, CA 91911		
NAME:	Sandra Sather	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2541 Penngate Dr		
CITY/ST/ZIP/CO:	Sherrills Ford, NC 28673		
NAME:	Kelly Cairns	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5180 South Service Road		
CITY/ST/ZIP/CO:	Ontario, L7L-5H4, CA		

NAME: Bernard Hertzman TITLE: DIRECTOR ADDRESS: 7835 Ivygate Lane CITY/ST/ZIP/CO: Cincinnati, OH 45242	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Mindy Owen TITLE: DIRECTOR ADDRESS: 4613 University Dr #384 CITY/ST/ZIP/CO: Coral Springs, FL 33067	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Peter Wehmeier TITLE: DIRECTOR ADDRESS: Weilst. 10 CITY/ST/ZIP/CO: Weilmuenster, 35789, DE	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kathryn Kimmel TITLE: DIRECTOR ADDRESS: 16420 N Mt. Spokane Park Dr CITY/ST/ZIP/CO: Mead, WA 99021	<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/ JAMES D THOMASELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES D THOMASELL, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/10/2014 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.		