

1.) CORPORATION NAME:

**THE AMERICAN UNIVERSITY OF PARIS ALUMNI CHAPTER
OFGREATER WASHINGTON, DC**

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

SCC ID NO: **06537971**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
PEGGY H MONTGOMERY
415 W BROAD ST
FALLS CHURCH, VA 22046-3317**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 415 W BROAD ST

CITY/ST/ZIP: FALLS CHURCH, VA 22046-3317

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAREY H KLUTTZ	
TITLE:	PRESIDENT	
ADDRESS:	1829 SUMMIT PLACE NW #203	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20009-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PEGGY H MONTGOMERY	
TITLE:	DIRECTOR	
ADDRESS:	415 W BROAD ST	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BERTHA JANE MCDUFFIE	
TITLE:	EVENTS PLANNER	
ADDRESS:	200 K STREET NW #508	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ASHLEY SMITH	
TITLE:	SECRETARY	
ADDRESS:	47789 SCOTS BOROUGH SQUARE	
CITY/ST/ZIP/CO:	POTOMAC FALLS, VA 20165-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELIZABETH M GANSHERT	
TITLE:	VICE PRESIDENT	
ADDRESS:	1829 SUMMIT PLACE NW #203	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20009-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADFORD E AMADOR TREASURER 10 EAST REED AVENUE ALEXANDRIA, VA 22305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE REED WEBMASTER 8913 MEARS STREET FAIRFAX, VA 22031-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE RUTH EDITOR 4632 WINDOM PLACE NW WASHINGTON, DC 20016-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH OGILVIE DIRECTOR 6303 CANTER WAY BALTIMORE, MD 21212-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRYL CROMPTON DIRECTOR 801 PENNSYLVANIA AVE NW WASHINGTON, DC 20004-	<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/ CAREY H KLUTTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAREY H KLUTTZ, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/11/2011 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.			