

1.) CORPORATION NAME:

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

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

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 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-	

	<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:	BRADFORD E AMADOR	
TITLE:	TREASURER	
ADDRESS:	10 EAST REED AVENUE	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305-	

	<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-	

NAME:                   LESLIE REED TITLE:                   WEBMASTER ADDRESS:               8913 MEARS STREET CITY/ST/ZIP/CO:       FAIRFAX, VA 22031-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   JOE RUTH TITLE:                   EDITOR ADDRESS:               4632 WINDOM PLACE NW CITY/ST/ZIP/CO:       WASHINGTON, DC 20016-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   DARRYL CROMPTON TITLE:                   DIRECTOR ADDRESS:               801 PENNSYLVANIA AVE NW CITY/ST/ZIP/CO:       WASHINGTON, DC 20004-	<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 type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   JUDITH OGILVIE TITLE:                   DIRECTOR ADDRESS:               6303 CANTER WAY CITY/ST/ZIP/CO:       BALTIMORE, MD 21212-	<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	1/15/2012 _____ 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.		