

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2013**

SCC ID NO: **06537971**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

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: CLINT BRANAM TITLE: SECRETARY ADDRESS: 4550 CONNECTICUT AVE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20008	<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: 4022 ILLINOIS AVE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20011	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	12/31/2012 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.		