

1.) CORPORATION NAME: **THE AMERICAN UNIVERSITY OF PARIS ALUMNI** DUE DATE: **2/28/2014**

**CHAPTER OF GREATER WASHINGTON, DC** SCC ID NO: **06537971**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **PEGGY H MONTGOMERY** 5.) STOCK INFORMATION  
**415 W BROAD ST** CLASS AUTHORIZED  
**FALLS CHURCH, VA**

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
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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
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NAME: MARIA E MANCUSO TITLE: TREASURER ADDRESS: 2521 Q STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CATHERINE BLANCARD TITLE: SECRETARY ADDRESS: 333 RADIANT COURT CITY/ST/ZIP/CO: UPPER MARLBORO, MD 20774	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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
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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
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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: 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: 3 TOWN GATE COURT CITY/ST/ZIP/CO: BETHESDA, MD 20817	<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	1/13/2014 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.		