

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2015**

SCC ID NO: **06537971**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PEGGY H MONTGOMERY
415 W BROAD ST
FALLS CHURCH, VA**

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: 61 SEATON PLACE NW CITY/ST/ZIP/CO: APT. B WASHINGTON, DC 20001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH M GANSHERT TITLE: VICE PRESIDENT ADDRESS: 1534 8TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20001	<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: 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: JOSEPH 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: 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	CAREY H KLUTTZ, PRESIDENT	8/18/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		