

1.) CORPORATION NAME:

Aerospace Medical Association Foundation

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

JEFFREY C SVENTEK

320 S HENRY ST

ALEXANDRIA, VA 22314

SCC ID NO: **06586424**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 320 S HENRY ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

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: DAVID K BROADWELL M.D.
TITLE: DIRECTOR
ADDRESS: 8 WHITESTONE LANE
CITY/ST/ZIP/CO: ROCHESTER, NY 14618-

OFFICER DIRECTOR

NAME: JEFFREY R DAVIS M.D.
TITLE: DIRECTOR
ADDRESS: 14623 GRAYWOOD GROVE LANE
CITY/ST/ZIP/CO: HOUSTON, TX 77062-

OFFICER DIRECTOR

NAME: RICHARD T JENNINGS M.D.
TITLE: CHAIRMAN
ADDRESS: 15019 SUN HARBOR
CITY/ST/ZIP/CO: HOUSTON, TX 77062-

OFFICER DIRECTOR

NAME: GEORGE R ANDERSON M.D.
TITLE: VICE CHAIRMAN
ADDRESS: 8 LITTLE HARBOR WAY
CITY/ST/ZIP/CO: ANNAPOLIS, MD 21403-

OFFICER DIRECTOR

NAME: JAMES M VANDERPLOEG, MD
TITLE: TREASURER
ADDRESS: 12451 GOLDEN THISTLE
CITY/ST/ZIP/CO: HOUSTON, TX 77058-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE PEACH TAYLOR DIRECTOR 6341 RIVER DOWNS ROAD ALEXANDRIA, VA 22312-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAMON DOMINGUEZ-MOMPELL DIRECTOR LOEN GIL DE PALACIO 5, 4B-IZQ MADRID, 28007-, SPAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F. MITCHELL DIRECTOR 2355 FAIRWAY ROAD HUNTINGDON VALLEY, PA 19006-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT M. ELLIS DIRECTOR 1290 HERCULES DRIVE HOUSTON, TX 77058-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY C. SVENTEK DIRECTOR 320 SOUTH HENRY STREET ALEXANDRIA, VA 22314-	<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/ JEFFREY C. SVENTEK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY C. SVENTEK, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE	4/4/2011 _____ 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.			