

1.) CORPORATION NAME:

The Women's Alliance for Financial Education

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LORI K. MURPHY
2300 WILSON BOULEVARD, 7TH FLOOR
ARLINGTON, VA 22201**

SCC ID NO: **06657035**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2300 WILSON BLVD
7TH FL

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	GUYLAINE SAINT JUSTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1680 CAPITAL ONE DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	AMELIA HILLMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8219 LEESBURG PIKE		
CITY/ST/ZIP/CO:	8TH FL VIENNA, VA 22182		

NAME:	Talmar Anderson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2333 Bedfordshire Circle		
CITY/ST/ZIP/CO:	Reston, VA 20190		

NAME:	ELENI BAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3434 NORTH WASHINGTON BLVD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	Kristen Lantzy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12001 Market Street		
CITY/ST/ZIP/CO:	#453 Reston, VA 20190		

NAME:	Donna Ivey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10503 Braddock Road		
CITY/ST/ZIP/CO:	Suite A Fairfax, VA 22032		

NAME: Lisa Glodine McCurdy TITLE: DIRECTOR ADDRESS: 1325 G Street, N.W. Suite 500 CITY/ST/ZIP/CO: Washington, DC 20005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ann Rosser TITLE: VICE PRESIDENT ADDRESS: PO Box 7483 CITY/ST/ZIP/CO: Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jody Maki TITLE: DIRECTOR ADDRESS: 3100 Clarendon Boulevard CITY/ST/ZIP/CO: Arlington, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Dawn Wilson TITLE: PRESIDENT ADDRESS: 2101 Wilson Boulevard Suite 100 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" 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/ AMELIA HILLMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AMELIA HILLMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	8/7/2012 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.		