

1.) CORPORATION NAME:

**Wounded Warrior Amputee Softball Team, Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES H. RODIO  
2121 EISENHOWER AVE.  
SUITE 300**

SCC ID NO: **07289317**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ALEXANDRIA, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2121 EISENHOWER AVENUE  
STE 300

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 VAN SLEET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8590 LUNGOMARE CIRCLE, UNIT 202		
CITY/ST/ZIP/CO:	ESTERO, FL 33928		

NAME:	JAMES H RODIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2121 EISENHOWER AVENUE		
CITY/ST/ZIP/CO:	STE 300 ALEXANDRIA, VA 22314		

NAME:	SUSAN S. RODIO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2121 EISENHOWER AVE., STE 300		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	Bob Eisiminger	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1549 Ritchie Lane		
CITY/ST/ZIP/CO:	Annapolis, MD 21401		

NAME:	Tom Eisiminger	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16742 N 109th Way		
CITY/ST/ZIP/CO:	Scottsdale, AZ 85255		

NAME:	Nick Kuzemka	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16006 Berkeley Drive		
CITY/ST/ZIP/CO:	Haymarket, VA 20169		

NAME:	Jeffrey Reimer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 Tupelo Avenue, SE		
CITY/ST/ZIP/CO:	Fort Walton Beach, FL 32548		

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.

<u>/s/ SUSAN S. RODIO</u>	<u>SUSAN S. RODIO, ASST</u>	<u>10/22/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.