

1.) CORPORATION NAME:

Association for Federal Enterprise Risk Management

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DOUGLAS W WEBSTER
3100 HEMLOCK POINT CT
TRIANGLE, VA**

SCC ID NO: **07421324**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3100 HEMLOCK POINT CT

CITY/ST/ZIP: TRIANGLE, VA 22172

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS WEBSTER	
TITLE:	Past President	
ADDRESS:	3100 HEMLOCK POINT CT	
CITY/ST/ZIP/CO:	TRIANGLE, VA 22172	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KAREN HARDY	
TITLE:	VICE PRESIDENT	
ADDRESS:	POB 66281	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20035	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Tom Stanton	
TITLE:	Pres. Elect	
ADDRESS:	POB 66281	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20035	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AL RUNNELS	
TITLE:	PRESIDENT	
ADDRESS:	POB 66281	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20035	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TOM STANTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	POB 66281	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20035	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEBORAH SWEDBERG	
TITLE:	VICE PRESIDENT	
ADDRESS:	POB 66281	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20035	

NAME: JAYANT AHUJA TITLE: TREASURER ADDRESS: POB 66281 CITY/ST/ZIP/CO: WASHINGTON, DC 20035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK WOOD TITLE: VICE PRESIDENT ADDRESS: POB 66281 CITY/ST/ZIP/CO: WASHINGTON, DC 20035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nadine Cipriani TITLE: VICE PRESIDENT ADDRESS: POB 66281 CITY/ST/ZIP/CO: Washington, DC 20035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laurie Champion TITLE: VICE PRESIDENT ADDRESS: POB 66281 CITY/ST/ZIP/CO: Washington, DC 20035	<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/ DOUGLAS WEBSTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS WEBSTER, Past President PRINTED NAME AND CORPORATE TITLE	10/12/2013 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.		