

1.) CORPORATION NAME:

Diversity Leadership Institute, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARLOS DEL TORO
1000 N PAYNE ST
ALEXANDRIA, VA 22314**

SCC ID NO: **07424732**

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: 1000 N. Payne Street
Suite 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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANTHONY J COLON	
TITLE:	CHAIR	
ADDRESS:	5271 GOLDEN SKY CT	
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROSANA CHAIDEZ	
TITLE:	DIRECTOR	
ADDRESS:	9329 ELGIN LN	
CITY/ST/ZIP/CO:	ANNAPOLIS, MD 21409	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL DEAN	
TITLE:	DIRECTOR	
ADDRESS:	1610 TRAWLER LN	
CITY/ST/ZIP/CO:	FREDERICK, MD 21704	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LISA GRAHAM KEEGAN	
TITLE:	DIRECTOR	
ADDRESS:	14770 N 88TH LN	
CITY/ST/ZIP/CO:	PEORIA, AZ 85381	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROMANITA MATTA-BARRERA	
TITLE:	DIRECTOR	
ADDRESS:	631 D ST NW #842	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jorge Adrian Naranjo	
TITLE:	PRESIDENT	
ADDRESS:	6202 Alan Linton Blvd. W.	
CITY/ST/ZIP/CO:	Frederick, MD 21703	

NAME: Carlos Ugarte TITLE: DIRECTOR ADDRESS: 11208 Cool Breeze Place CITY/ST/ZIP/CO: Germantown, MD 20876	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kimberly O'Toole TITLE: DIRECTOR ADDRESS: 5271 Golden Sky Court CITY/ST/ZIP/CO: Columbia, MD 21045	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Carlos Del Toro TITLE: DIRECTOR ADDRESS: 1000 North Payne St. Suite 300 CITY/ST/ZIP/CO: 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/ ANTHONY J COLON	ANTHONY J COLON, CHAIR	9/19/2012
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.		