

1.) CORPORATION NAME:

THE CATHOLIC UNIVERSITY OF AMERICA

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAWRENCE JUDE MORRIS
6817 BLUECURL CIRCLE
SPRINGFIELD, VA**

SCC ID NO: **F0308330**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 620 Michigan Ave NE

CITY/ST/ZIP: WASHINGTON, DC 20064

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: JOHN H GARVEY TITLE: PRESIDENT ADDRESS: THE CATHOLIC UNIV OF AMERICA CITY/ST/ZIP/CO: WASHINGTON, DC 20064	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK PERSICO TITLE: ASST P/GEN SEC ADDRESS: THE CATHOLIC UNIVERSITY OF AMERICA CITY/ST/ZIP/CO: WASHINGTON, DC 20064	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CATHY R WOOD TITLE: VP/TREAS ADDRESS: THE CATHOLIC UNIVERSITY OF AMERICA CITY/ST/ZIP/CO: WASHINGTON, DC 20064	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DR JAMES BRENNAN TITLE: PROVOST ADDRESS: THE CATHOLIC UNIVERSITY OF AMERICA CITY/ST/ZIP/CO: WASHINGTON, DC 20064	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: W. Michael Hendricks TITLE: VP Enrollmt Mgt ADDRESS: 620 Michigan Ave NE CITY/ST/ZIP/CO: Washington, DC 20064	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: John Hannan TITLE: VICE PRESIDENT ADDRESS: 620 Michigan Ave NE CITY/ST/ZIP/CO: Washington, DC 20064	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Michael Allen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	620 Michigan Ave NE		
CITY/ST/ZIP/CO:	Washington, DC 20064		

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/ JOHN H GARVEY	JOHN H GARVEY, PRESIDENT	3/19/2014
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.