

1.) CORPORATION NAME:

PHYSICIAN ASSISTANT EDUCATION ASSOCIATION

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TIMI AGAR BARWICK
300 NORTH WASHINGTON STREET
SUITE 710**

SCC ID NO: **F0311680**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ALEXANDRIA, VA 22314

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 N WASHINGTON ST
STE 710

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:	ANTHONY BRENNEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5167 WESTLAWN		
CITY/ST/ZIP/CO:	IOWA CITY, IA 52242		

NAME:	KEVIN LOHENRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	1000 S FREMONT AVENUE		
CITY/ST/ZIP/CO:	ALHAMBRA, CA 91803		

NAME:	WILLIAM KOHLHEPP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	275 MOUNT CARMEL AVENUE		
CITY/ST/ZIP/CO:	HAMDEN, CT 06518		

NAME:	THERESA HORWATH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	127 HOFSTRA UNIVERSITY		
CITY/ST/ZIP/CO:	HEMPSTEAD, NY 11549		

NAME:	STEPHANE VANDERMEULEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	984300 NEBRASKA MEDICAL CENTER		
CITY/ST/ZIP/CO:	OMAHA, NE 68198		

NAME:	CONSTANCE GOLDGAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT ELECT		
ADDRESS:	375 CHIPETA WAY		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84108		

NAME:	KAREN HILLS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DUMC 104780		
CITY/ST/ZIP/CO:	DURHAM, NC 27710		

NAME:	ASHLEY THRASHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	STUDENT DIR.		
ADDRESS:	4291 OAK TREE DRIVE		
CITY/ST/ZIP/CO:	WINSTON SALEM, NC 27107		

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 BRENNEMAN	ANTHONY BRENNEMAN,	9/19/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.