

1.) CORPORATION NAME:

**PHYSICIAN ASSISTANT EDUCATION ASSOCIATION**

DUE DATE: **11/30/2013**

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**

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:	PAST PRESIDENT		
ADDRESS:	5167 WESTLAWN		
CITY/ST/ZIP/CO:	IOWA CITY, IA 52242		

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

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

NAME:	JENNIFER SNYDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4600 SUNSET AVENUE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46228		

NAME:	JENNY KLUSNIK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	STUDENT DIR.		
ADDRESS:	1013 SIBLEY MEMORIAL HIGHWAY #125		
CITY/ST/ZIP/CO:	LILYDALE, MN 55118		

NAME: STEPHANE VANDERMEULEN TITLE: DIRECTOR ADDRESS: 984300 NEBRASKA MEDICAL CENTER CITY/ST/ZIP/CO: OMAHA, NE 68198	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SCOTT MASSEY TITLE: DIRECTOR ADDRESS: 301 LAKE STREET CITY/ST/ZIP/CO: DALLAS, PA 18612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CONSTANCE GOLDGAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CONSTANCE GOLDGAR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/23/2013 DATE
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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.