

1.) CORPORATION NAME:

**MARKETING EDUCATION ASSOCIATION**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER S LEYTON  
11350 RANDOM HILLS RD STE 400  
FAIRFAX, VA 22030**

SCC ID NO: **F0348443**

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: PETER S. LEYTON, RITZERT & LEYTON  
11350 RANDOM HILLS RD STE 400

CITY/ST/ZIP: FAIRFAX, VA 22030

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:	CECIL J. LARA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7711 CALLAGHAN RD. #905		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78229		
NAME:	CRAIG CLEVELAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	765 CELIA DRIVE		
CITY/ST/ZIP/CO:	HARTESSELLE, AL 35640		
NAME:	SHERRY DOCKERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	334 STERCHI DRIVE		
CITY/ST/ZIP/CO:	EVANSVILLE, IN 47711		
NAME:	KEN MATTERN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	1512 E CAMBRIDGE AVE		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85001		
NAME:	NOEL BUCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 EAST WASHINGTON		
CITY/ST/ZIP/CO:	GIDDINGS, TX 78942		
NAME:	JESUS OMAR GALLEGOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7319 WALLA WALLA		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78250		

NAME: LLOYD OTT TITLE: DIRECTOR ADDRESS: 4631 JEFFERSON AVE CITY/ST/ZIP/CO: OGDEN, UT 84403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARL SCHMIDT TITLE: DIRECTOR ADDRESS: 1030 E. EL CAMINO REAL, PMB 209 CITY/ST/ZIP/CO: SUNNYVALE, CA 94087	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deb Moore TITLE: DIRECTOR ADDRESS: 5465 West Potter Drive CITY/ST/ZIP/CO: Glendale, AZ 85308	<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/ CECIL J. LARA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CECIL J. LARA, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2012 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.		