

1.) CORPORATION NAME:

**EXPERIENCE WORKS, INC.**

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SALLY A BOOFER  
4401 WILSON BLVD  
SUITE 1100**

SCC ID NO: **F0384745**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ARLINGTON, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4401 WILSON BLVD, STE 1100

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	DOUG ANDERTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4401 WILSON BLVD. STE 1100		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	FRANCIS BASOAH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	4401 WILSON BLVD. SUITE 1100		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	RUTH ANN WEFALD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4401 WILSON BLVD STE 1100		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SARAH A BIGGERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	4401 WILSON BLVD STE 1100		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MICHI MCNEACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR GRANTS MGMT		
ADDRESS:	4401 WILSON BLVD. STE 1100		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	PHILLIP KLUTTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22203		

NAME:	CHARLES TOFTOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD.		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22203		

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/ DOUG ANDERTON	DOUG ANDERTON, TREASURER	4/29/2016
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.