

1.) CORPORATION NAME:

**Alumni and Friends of the London School of Economics in
the United States of America**

DUE DATE: **6/30/2014**

SCC ID NO: **F0484073**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EVA ELIZABETH HALPERN
168 REES PLACE
FALLS CHURCH, VA**

5.) STOCK INFORMATION

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

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 17510

CITY/ST/ZIP: ARLINGTON, VA 22216

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.

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|-----------------|----------------------|---|--|
| NAME: | GILES LEON DESBROW | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PAST PRES | | |
| ADDRESS: | 40 MILLER RD | | |
| CITY/ST/ZIP/CO: | NEW VERNON, NJ 07976 | | |

| | | | |
|-----------------|------------------------|---|--|
| NAME: | ELIZABETH HALPERN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | Past President | | |
| ADDRESS: | 168 REES PLACE | | |
| CITY/ST/ZIP/CO: | FALLS CHURCH, VA 22046 | | |

| | | | |
|-----------------|----------------------------|---|--|
| NAME: | PATRICIA STOCKTON PLASKETT | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 4013 SAUL RD | | |
| CITY/ST/ZIP/CO: | KENSINGTON, MD 20895 | | |

| | | | |
|-----------------|-----------------------------|---|--|
| NAME: | MICHAEL MORRIS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 1045 NORTH UTAH STREET | | |
| CITY/ST/ZIP/CO: | #501 ARLINGTON, VA 22201 | | |

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|-----------------|-------------------------|---|--|
| NAME: | Thomas Kern | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 13421 Coachlamp Ln. | | |
| CITY/ST/ZIP/CO: | Silver Spring, MD 20906 | | |

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/ ELIZABETH HALPERN
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

ELIZABETH HALPERN, Past
President
PRINTED NAME AND CORPORATE
TITLE

6/29/2014
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.