

1.) CORPORATION NAME:

MOTHERS AGAINST DRUNK DRIVING

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC

4445 CORPORATION LN 2ND FL

VIRGINIA BEACH, VA 23462

DUE DATE: **11/30/2010**

SCC ID NO: **F0504292**

5.) STOCK INFORMATION

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

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 511 E JOHN CARPENTER FREEWAY, STE. 700

CITY/ST/ZIP: IRVING, TX 75062-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAURA DEAN-MOONEY	
TITLE:	PRESIDENT	
ADDRESS:	511 E JOHN CARPENTER FRWY SUITE 700	
CITY/ST/ZIP/CO:	IRVING, TX 75062-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRIS E JOHNSON	
TITLE:	CHAIRMAN	
ADDRESS:	511 E JOHN CARPENTER FRWY SUITE 700	
CITY/ST/ZIP/CO:	IRVING, TX 75062-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NINA WALKER	
TITLE:	SECRETARY	
ADDRESS:	511 E JOHN CARPENTER FRWY SUITE 700	
CITY/ST/ZIP/CO:	IRVING, TX 75062-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISTA HIGHTOWER	
TITLE:	CFO	
ADDRESS:	511 E JOHN CARPENTER FRWY #700	
CITY/ST/ZIP/CO:	IRVING, TX 75062-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ART BROWN	
TITLE:	DIRECTOR	
ADDRESS:	511 E JOHN CARPENTER FRWY SUITE 700	
CITY/ST/ZIP/CO:	IRVING, TX 75062-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT STRASSBURGER Vice Chair 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LEVY TREASURER 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANICE WITHERS DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY EARLE CEO 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE WEIR COO 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN ANSBACH General Counsel 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI KNOX ASST SECRETARY 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICK ELLINGER ASST SECRETARY 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN DEMERS DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH DUNCAN DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SUE FERGUSON TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NICOLE NASON TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHRYN NELSON TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL ROMERO TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHRYN STEWART TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRYCE TEMPLETON TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN URSINO TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM WINDSOR, JR. TITLE: DIRECTOR ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<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/ LISTA HIGHTOWER	LISTA HIGHTOWER, CFO	11/17/2010
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.