

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

**MOTHERS AGAINST DRUNK DRIVING**

SCC ID NO: **F0504292**

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**

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: NICK ELLINGER TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VICKI KNOX TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID LEVY TITLE: TREASURER ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN ANSBACH TITLE: GENERAL COUNSEL ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIMBERLY EARLE TITLE: CEO ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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

NAME: JANICE WITHERS TITLE: PRESIDENT 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: NINA WALKER TITLE: DIRECTOR ADDRESS: 511 E JOHN CARPENTER FRWY SUITE 700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT STRASSBURGER TITLE: Chair ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BARBARA BRODT 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: JAN HARP DOMENE 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: SALLY GANEM 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: MARY FRANCES KLOTZBACH 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: COURTNEY POPP 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: COLLEEN SHEEHEY 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.	
<u>/s/ LISTA HIGHTOWER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LISTA HIGHTOWER, CFO</u> PRINTED NAME AND CORPORATE TITLE
<u>1/4/2012</u> 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.	