

1.) CORPORATION NAME:

**AMERICAN ASSOCIATION OF PHARMACEUTICAL
SCIENTISTS**

DUE DATE: **5/31/2014**

SCC ID NO: **F0509994**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENER 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2107 WILSON BLVD STE 700

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	ANTHONY J DESTEFANO PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Boulevard		
	Suite 700		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	MARILYN MORRIS PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Boulevard		
	Suite 700		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	PHILLIP RAMSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Boulevard		
	Suite 700		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	DAVID Y MITCHELL PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 Wilson Boulevard		
	Suite 700		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	Patrick Lisack Jr.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2107 Wilson Boulevard		
	Suite 700		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME: Karol Shadle TITLE: SECRETARY ADDRESS: 2107 Wilson Boulevard Suite 700 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Alan Shutt TITLE: TREASURER ADDRESS: 2107 Wilson Boulevard Suite 700 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Peter Inchauteguiz TITLE: VICE PRESIDENT ADDRESS: 2107 Wilson Boulevard Suite 700 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input 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/ Karol Shadle	Karol Shadle, SECRETARY	5/12/2014
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.		