

1.) CORPORATION NAME:

**AMERICAN ASSOCIATION OF PHARMACEUTICAL  
SCIENTISTS**

DUE DATE: **5/31/2016**

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:	WALTER MARLOWE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

NAME:	PETER INCHAUTEGUIZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

NAME:	BARRY MCFARLANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

NAME:	KAROL SHADLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

NAME:	MARILYN MORRIS PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

NAME:	PHILLIP RAMSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

NAME:	ALICE TILL, PH.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2107 WILSON BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 700 ARLINGTON, VA 22201		

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	5/11/2016
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.