

1.) CORPORATION NAME:

**CEL-SCI CORPORATION**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CO**

DUE DATE: **9/30/2010**

SCC ID NO: **F0521197**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	200,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8229 BOONE BLVD PLAZA  
SUITE 802

CITY/ST/ZIP: VIENNA, VA 22182-2634

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 checked="" type="checkbox"/> DIRECTOR
NAME:	MAXIMILIAN DECLARA	
TITLE:	PRES/CHMN	
ADDRESS:	8229 BOONE BLVD SUITE 802	
CITY/ST/ZIP/CO:	VIENNA, VA 22182-2634	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA PRICHEP	
TITLE:	SR VP/S	
ADDRESS:	8229 BOONE BLVD SUITE 802	
CITY/ST/ZIP/CO:	VIENNA, VA 22182-2634	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEERT KERSTEN	
TITLE:	CEO/T	
ADDRESS:	8229 BOONE BLVD SUITE 802	
CITY/ST/ZIP/CO:	VIENNA, VA 22182-2634	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEXANDER ESTERHAZY	
TITLE:	DIRECTOR	
ADDRESS:	8229 BOONE BLVD. #802	
CITY/ST/ZIP/CO:	VIENNA, VA 22182-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PETER YOUNG	
TITLE:	DIRECTOR	
ADDRESS:	2147 DODGETON DRIVE	
CITY/ST/ZIP/CO:	FRISCO, TX 75024-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. RICHARD KINSOLVING DIRECTOR 4646 N. SHALLOWFORD ROAD ATLANTA, GA 30338-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EYAL TALOR CSO 8229 BOONE BLVD. SUITE 802 VIENNA, VA 22182-2634	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL ZIMMERMAN SR VP 8229 BOONE BLVD. SUITE 802 VIENNA, VA 22182-2634	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CIPRIANO SR VP 8229 BOONE BLVD. SUITE 802 VIENNA, VA 22182-2634	<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/ PATRICIA PRICHEP	PATRICIA PRICHEP, SR VP/S	9/3/2010	
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.			