

1.) CORPORATION NAME:

**CEL-SCI CORPORATION**

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0521197**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000,000
PREFER	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CO**

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.

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

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

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

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

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

NAME:	EYAL TALOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CSO		
ADDRESS:	8229 BOONE BLVD. SUITE 802		
CITY/ST/ZIP/CO:	VIENNA, VA 22182-2634		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER ESTERHAZY DIRECTOR 8229 BOONE BLVD. #802 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	PETER YOUNG DIRECTOR 2147 DODGETON DRIVE FRISCO, TX 75024	<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/ PATRICIA PRICHEP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA PRICHEP, SR VP/S PRINTED NAME AND CORPORATE TITLE	7/29/2014 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.			