

1.) CORPORATION NAME:

**THE AMERICAN ASSOCIATION OF MOTOR
VEHICLEADMINISTRATORS**

DUE DATE: **8/31/2013**

SCC ID NO: **F0561292**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

| | |
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| 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: 4301 WILSON BLVD STE 400

CITY/ST/ZIP: ARLINGTON, VA 22203

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.

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|-----------------|----------------------------|---|-----------------------------------|
| NAME: | NEIL SCHUSTER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 4301 WILSON BLVD SUITE 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 | | |

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|-----------------|----------------------------|---|-----------------------------------|
| NAME: | MARC SAITTA | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CFO | | |
| ADDRESS: | 4301 WILSON BLVD SUITE 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 | | |

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|-----------------|----------------------------|----------------------------------|--|
| NAME: | ROBERT FLEMING | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4301 WILSON BLVD SUITE 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 | | |

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|-----------------|----------------------------|----------------------------------|--|
| NAME: | PATRICIA MCCORMACK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4301 WILSON BLVD SUITE 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| NAME: | RUSS NORDSTROM | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4301 WILSON BLVD SUITE 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 | | |

| | | | |
|-----------------|----------------------------|----------------------------------|--|
| NAME: | ALICIA ORTIZ | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4301 WILSON BLVD SUITE 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22203 | | |

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|-----------------|----------------------------------|---|-----------------------------------|
| NAME: | MARK LOWE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 4301 WILSON BOULEVARD | | |
| CITY/ST/ZIP/CO: | SUITE 400 ARLINGTON, VA 22203 | | |

| | | | |
|-----------------|----------------------------------|---|-----------------------------------|
| NAME: | BRAD SIMPSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 4301 WILSON BOULEVARD | | |
| CITY/ST/ZIP/CO: | SUITE 400 ARLINGTON, VA 22203 | | |

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/ MARC SAIITA | MARC SAIITA, CFO | 8/28/2013 |
| 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.