

1.) CORPORATION NAME:

**AARP**

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**

DUE DATE: **12/31/2011**

SCC ID NO: **F0600215**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 E. STREET, NW

CITY/ST/ZIP: WASHINGTON, DC 20049-

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: W. LEE HAMMOND  
TITLE: PRESIDENT  
ADDRESS: 601 E STREET, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: ROBERT ROMASCO  
TITLE: PRESIDENT-ELECT  
ADDRESS: 601 E STREET, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: A JAMES FORBES, JR  
TITLE: SEC / TRESURER  
ADDRESS: 601 E STREET, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: GAIL E ALDRICH  
TITLE: VICE CHAIR  
ADDRESS: 601 E STREET, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: ROBERT R HAGANS JR  
TITLE: CFO  
ADDRESS: 601 E STREET NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADDISON BARRY RAND CEO 601 E STREET NW WASHINGTON, DC 20049-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F JOHN ZARLENGO CHAIR 601 E STREET, NW WASHINGTON, DC 20049-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN DOUMA DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEANNIE ENGLISH DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEOBARDO ESTRADA DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE GEORGES DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HALL DIRECTOR 601 E STREET, NW WASHINGTON, DC 20019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUBERT H HUMPHRY III DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACOB LORADA DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARA MAYOR DIRECTOR 601 E STREET, NW WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MAEONA MENDELSON TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 22049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: J DAVID NELSON TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA O'CONNOR TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN PENN TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DIANE PRATT TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL RAPHAEL TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES E REED TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE ROWAN TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FERNANDO TORRES-GIL TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<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/ ROBERT R HAGANS JR	ROBERT R HAGANS JR, CFO	12/22/2011
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.