

1.) CORPORATION NAME:

DUE DATE: **12/31/2015**

**AARP**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0600215**

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

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: ROBERT ROMASCO TITLE: PRESIDENT ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: A. JAMES FORBES JR. TITLE: SEC / TRESURER ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CAROL RAPHAEL TITLE: VICE CHAIRMAN ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GAIL E. ALDRICH TITLE: CHAIRMAN ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT R HAGANS JR. TITLE: CFO ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ADDISON BARRY RAND TITLE: CEO ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ALLEN DOUMA TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<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: 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: 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	12/30/2015
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.		