

1.) CORPORATION NAME:

The American Roentgen Ray Society

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS W GREESON
REED SMITH LLP
3110 FAIRVIEW PARK DR #1400**

SCC ID NO: **F1014218**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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FALLS CHURCH, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44211 SLATESTONE COURT

CITY/ST/ZIP: LEESBURG, VA 20176

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: | CHARLES E KAHN, MD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PAST PRESIDENT | | |
| ADDRESS: | 44211 SLATESTONE COURT | | |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20176 | | |

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|-----------------|-----------------------------------|---|--|
| NAME: | MELISSA ROSADA DE CHRISTENSON, MD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT ELECT | | |
| ADDRESS: | 44211 SLATESTONE COURT | | |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20176 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | SUSAN CAPPITELLI | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | EXEC DIR | | |
| ADDRESS: | 44211 SLATESTONE COURT | | |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20176 | | |

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|-----------------|------------------------|----------------------------------|--|
| NAME: | JONATHAN S LEWIN, MD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 44211 SLATESTONE COURT | | |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20176 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | NORMAN BEAUCHAMP | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 44211 SLATESTONE COURT | | |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20176 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | BERNARD KING, MD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECY/TREASURER | | |
| ADDRESS: | 44211 SLATESTONE COURT | | |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20176 | | |

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| NAME: MAURICIO COSTILLO, MD TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PHILIP COSTELLO TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: RUTH CARLOS, MD TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JONATHAN KRUSKAL TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ALEXANDER NORBASH TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ELLIOT FISHMAN, MD TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANTON HASSO TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: GARY WHITMAN, MD TITLE: DIRECTOR ADDRESS: 44211 SLATESTONE COURT CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <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/ NORMAN BEAUCHAMP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | NORMAN BEAUCHAMP, PRESIDENT PRINTED NAME AND CORPORATE TITLE | 9/17/2013 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. | | |