

SCC eFile
(6/10)

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

210503550

1.) CORPORATION NAME:

OPERATION LIFESAVER, INC.

DUE DATE: **12/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
THOMAS D. SIMPSON
1420 KING ST #401
Alexandria, VA 22314**

SCC ID NO: **F1076639**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1420 KING STREET, #401

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

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: HELEN M SRAMEK
TITLE: PRESIDENT
ADDRESS: OPERATION LIFESAVER INC
1420 KING STREET #401
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: THOMAS D. SIMPSON
TITLE: TREASURER
ADDRESS: 1420 KING ST
#401
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: CLYDE HART
TITLE: V CHAIRMAN
ADDRESS: 700 13TH ST NW #575
CITY/ST/ZIP/CO: WASHINGTON, DC -

OFFICER

DIRECTOR

NAME: J. REILLY MCCARREN
TITLE: CHAIRMAN
ADDRESS: 330 ABBOTSFORD ROAD
CITY/ST/ZIP/CO: KENILWORTH, IL 60043-1105

OFFICER

DIRECTOR

NAME: TERRY LUDBAN
TITLE: DIRECTOR
ADDRESS: 2973 W PITTSBURGH ROAD
CITY/ST/ZIP/CO: NEW CASTLE, PA 16101-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEO PENNE DIRECTOR 444 N CAPITOL ST NW SUITE249 WASHINGTON, DC 20001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELVIN JONES DIRECTOR P O BOX 3046 PETERSBURG, VA 23805-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVIN RICHARDSON DIRECTOR 40 MASS AVENUE NE 3W-135 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA REILLY DIRECTOR 50 F STREET WASHINGTON, DC 20001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL OBRIEN DIRECTOR 613 WEST 6960 SOUTH MIDVALE, UT 84047-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OTTO SONEFELD DIRECTOR 1420 KING STREET ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ HELEN M SRAMEK</u>	<u>HELEN M SRAMEK, PRESIDENT</u>	<u>10/20/2010</u>
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.