

1.) CORPORATION NAME: **OPERATION LIFESAVER, INC.** DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NICOLE BREWIN** SCC ID NO: **F1076639**
1420 KING STREET #201
ALEXANDRIA, VA

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, #201
 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: JOYCE ROSE TITLE: PRESIDENT ADDRESS: 1420 KING STREET #201 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM BARRINGER TITLE: CHAIRMAN ADDRESS: 1200 PEACHTREE ST. NE, BOX 36 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CLYDE HART TITLE: V CHAIRMAN ADDRESS: 700 13TH ST NW #575 CITY/ST/ZIP/CO: WASHINGTON, DC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERRY LUDBAN TITLE: PRESIDENT ADDRESS: 500 WATER STREET, J-205 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN SIMPSON TITLE: DIRECTOR ADDRESS: 600 BROADWAY BLVD CITY/ST/ZIP/CO: KANSAS CITY, MO 64105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NICOLE BREWIN TITLE: DIRECTOR ADDRESS: 425 3RD ST, SW #920 CITY/ST/ZIP/CO: WASHINGTON, DC 20024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JANICE COWEN TITLE: DIRECTOR ADDRESS: 4149 EAST BUCHANAN DRIVE CITY/ST/ZIP/CO: COLUMBIA, SC 35210	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL LOGUE TITLE: DIRECTOR ADDRESS: 40 MASSACHUSETTS AVENUE CITY/ST/ZIP/CO: WASHINGTON, DC 20002	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NANCY HUDSON TITLE: DIRECTOR ADDRESS: 1400 NORFOLK SOUTHERN DRIVE CITY/ST/ZIP/CO: BIRMINGHAM, AL 35210	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN NEUBAUER TITLE: TREASURER ADDRESS: OOB1, 2600 LOU MENK DRIVE CITY/ST/ZIP/CO: FORTH WORTH, TX 76131-2830	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SCOTT SAUER TITLE: DIRECTOR ADDRESS: 1234 MARKET STREET, 6TH FL CITY/ST/ZIP/CO: PHILADELPHIA, PA 19107	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SHAYNE GILL TITLE: DIRECTOR ADDRESS: 444 N CAPITOL ST NW SUITE249 CITY/ST/ZIP/CO: WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALLEN PEPPER TITLE: DIRECTOR ADDRESS: 2414 DOUGLAS MCARTHUR CITY/ST/ZIP/CO: STARKSVILLE, MS 39759	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICIA REILLY TITLE: DIRECTOR ADDRESS: 50 F STREET CITY/ST/ZIP/CO: WASHINGTON, DC 20001	<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/ JOYCE ROSE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOYCE ROSE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/31/2014 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.		