

1.) CORPORATION NAME:

DUE DATE: **8/31/2011**

**LEGAL COUNSEL FOR THE ELDERLY**

SCC ID NO: **F1115064**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

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  
C/O AARP TAX DEPT.

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:	EDNA KANE WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	601 E STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20049-		
NAME:	ERNEST ROSEMOND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	601 E STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20049-		
NAME:	WILLIAM A ISAACSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	601 E STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20049-		
NAME:	JAN MAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR DIRECTOR		
ADDRESS:	601 E STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20049-		
NAME:	HAROLL "HOP" BACKUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 E STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20049-		

NAME: LOUIS DAVIS TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELIZABETH MITCHELL TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SHARIS ARNOLD POZEN TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD RILEY TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: IRA POLON TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<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.

/s/ JAN MAY	JAN MAY, SENIOR DIRECTOR	8/30/2011
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.