

1.) CORPORATION NAME:

MEALS ON WHEELS ASSOCIATION OF AMERICA

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ENID A BORDEN
203 S UNION ST
ALEXANDRIA, VA 22314-3355**

SCC ID NO: **F1164542**

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: 413 N. Lee St.

CITY/ST/ZIP: ALEXANDRIA, VA 22314-3355

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: Larry Tomayko TITLE: Interim CEO ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jeffrey Smythe TITLE: Sec.-Treas ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Tom Marullo TITLE: CFO ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Liz Seman TITLE: Brd. Vice Chair ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sandra Noe TITLE: Board of Dir. ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peggy Miller TITLE: Imm. Past Chair ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Sharon Geiss TITLE: DIRECTOR ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Vinsen Faris TITLE: Board Chair ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Debbie Britt TITLE: DIRECTOR ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria , VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marcy Berner-Reedy TITLE: DIRECTOR ADDRESS: 413 N. Lee St. CITY/ST/ZIP/CO: Alexandria , VA 22314	<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/ Tom Marullo	Tom Marullo, CFO	2/19/2013
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.		