

1.) CORPORATION NAME:

MEALS ON WHEELS ASSOCIATION OF AMERICA

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ENID A BORDEN
203 S UNION ST
ALEXANDRIA, VA**

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: 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: 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
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: 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: 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: PEGGY MILLER TITLE: IMM. PAST BC 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: DIRECTOR ADDRESS: 413 N. LEE ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LIZ SEMAN TITLE: BOARD VC ADDRESS: 413 N. LEE ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBBIE CASE TITLE: DIRECTOR ADDRESS: 413 N. LEE ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN HOLLANDER TITLE: PRES. & CEO ADDRESS: 413 N. LEE ST. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input 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/ ELLEN HOLLANDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELLEN HOLLANDER, PRES. & CEO PRINTED NAME AND CORPORATE TITLE	11/22/2013 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.		