

1.) CORPORATION NAME:

WASHINGTON HOSPITAL CENTER CORPORATION

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1170770**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 110 Irving Street, NW

CITY/ST/ZIP: Washington, DC 20010

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:	John Sullivan	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Washington Hospital Center 110 Irving Street, NW Washington, DC 20010		
CITY/ST/ZIP/CO:			
NAME:	Linda Taylor	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6525 Belcrest Road Suite 320 Hyattsville, MD 20782		
CITY/ST/ZIP/CO:			
NAME:	Eric W. Price	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	AFL-CIO Housing Investment Trust 2401 Pennsylvania Avenue, NW, Suite 200 Washington, DC 20037		
CITY/ST/ZIP/CO:			
NAME:	Robin B. Martin	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	Deer River Group, LLC 888 17th Street, NW, Suite 1000 Washington, DC 20006		
CITY/ST/ZIP/CO:			
NAME:	Dennis R. Wraase	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	6714 Honesty Drive Bethesda, MD 20817		
CITY/ST/ZIP/CO:			
NAME:	David S. Bender	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Blake Real Estate, Inc. 1150 Connecticut Avenue, NW, Suite 801 Washington, DC 20036		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles A. Bowsher DIRECTOR 4503 Boxwood Rd. Bethesda, MD 20816	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa M. Boyle DIRECTOR Washington Hospital Center 110 Irving Street, NW, Suite G-247 Washington, DC 20010	<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/ John Sullivan SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	John Sullivan, PRINTED NAME AND CORPORATE TITLE	3/23/2012 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.