

1.) CORPORATION NAME:

WASHINGTON HOSPITAL CENTER CORPORATION

DUE DATE: **3/31/2013**

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

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

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| NAME: John Sullivan TITLE: PRESIDENT ADDRESS: Washington Hospital Center 110 Irving Street, NW CITY/ST/ZIP/CO: Washington, DC 20010 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Linda Taylor TITLE: SECRETARY ADDRESS: 6525 Belcrest Road Suite 320 CITY/ST/ZIP/CO: Hyattsville, MD 20782 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Eric W. Price TITLE: TREASURER ADDRESS: AFL-CIO Housing Investment Trust 2401 Pennsylvania Avenue, NW, Suite 200 CITY/ST/ZIP/CO: Washington, DC 20037 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Neal M. Kurzrok TITLE: DIRECTOR ADDRESS: The Neurology Center, PC 1160 Varnum Street, NE, Suite 204 CITY/ST/ZIP/CO: Washington, DC 20017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Elizabeth Ross TITLE: DIRECTOR ADDRESS: 2021 K Street, NW Suite 315 CITY/ST/ZIP/CO: Washington, DC 20006-1014 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|---|----------------------------------|--|
| NAME: Robin B. Martin TITLE: DIRECTOR ADDRESS: Deer River Group, LLC 888 17th Street, NW, Suite 1000 CITY/ST/ZIP/CO: Washington, DC 20006 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: Theresa M. Dupart TITLE: DIRECTOR ADDRESS: 802 Crews Road CITY/ST/ZIP/CO: Great Falls, VA 22066 | <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.

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| /s/ Linda Taylor | Linda Taylor, SECRETARY | 3/14/2013 |
| 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.