

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213550470

1.) CORPORATION NAME:

Manufacturers Alliance/MAPI Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1180878**

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:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1600 Wilson Blvd
Ste 1100

CITY/ST/ZIP: ARLINGTON, VA 22209-2594

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:	Stephen V. Gold	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	President		
ADDRESS:	1600 Wilson Blvd Ste 1100		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	Daniel Meckstroth	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1600 Wilson Blvd Ste 1100		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	RaeAnn S. Johnson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC/GenCoun		
ADDRESS:	1600 Wilson Blvd Ste 1100		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	Carlos M Cardoso	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1600 Wilson Blvd Ste 1100		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME:	John M. Stropki	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1600 Wilson Blvd Ste 1100		
CITY/ST/ZIP/CO:	Arlington, VA 22209		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Randall J. Hogan DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul W. Jones DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Neal J. Keating DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald D. Lane DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert A. Livingston DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Helmuth Ludwig DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Denise L. Ramos DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Todd J. Teske DIRECTOR 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cameron Mackey VICE PRESIDENT 1600 Wilson Blvd Ste 1100 Arlington, VA 22209	<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/ RaeAnn S. Johnson	RaeAnn S. Johnson, VP/SEC/GenCoun	10/29/2013
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.