

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214540355

1.) CORPORATION NAME:

Manufacturers Alliance/MAPI Inc.

DUE DATE: **8/31/2014**

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:	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:	CAMERON MACKEY	<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:	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:	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		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	RANDALL J. HOGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	PAUL W. JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	NEAL J. KEATING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	DONALD D. LANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	ROBERT A. LIVINGSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	HELMUTH LUDWIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	DENISE L. RAMOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
NAME:	TODD J. TESKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WILSON BLVD		
CITY/ST/ZIP/CO:	STE 1100 ARLINGTON, VA 22209		
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,	8/22/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/SEC/GENCOUN	DATE	
	PRINTED NAME AND CORPORATE TITLE		

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.