

1.) CORPORATION NAME:

**AMERICAN ASSOCIATION OF FAMILY AND
CONSUMERS SCIENCES**

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

SCC ID NO: **F1219940**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RESAGENT INC
3190 FAIRVIEW PARK DRIVE STE 300
FALLS CHURCH, VA 22042**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 NORTH COLUMBUS ST
STE 202

CITY/ST/ZIP: ALEX., VA 22314

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: Susan Shockey TITLE: PRESIDENT ADDRESS: 4909 Kingston Drive CITY/ST/ZIP/CO: Annandale, VA 22003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CAROLYN JACKSON TITLE: DIRECTOR ADDRESS: 400 N COLUMBUS ST #202 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nancy Granovksy TITLE: DIRECTOR ADDRESS: Texas A&M University 2251 TAMU CITY/ST/ZIP/CO: College Station, TX 77843	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Genevieve Schoeder TITLE: DIRECTOR ADDRESS: 126 Glen Circle CITY/ST/ZIP/CO: Worthington, OH 43085	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peggy Wild TITLE: DIRECTOR ADDRESS: 4526 Sylvan Road CITY/ST/ZIP/CO: Indianapolis, IN 46226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Susan Buck TITLE: President-elect ADDRESS: 2018 Hickory Hill Lane CITY/ST/ZIP/CO: Hermitage, TN 37076	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Victoria Marie Gribshaw	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Seton Hill University Box 307K 1 Seton Hill Lane Greensburg, PA 15601		
CITY/ST/ZIP/CO:			

NAME:	Susan Byrd	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Past President		
ADDRESS:	University of Tennessee - Martin 340 Gooch Hall Martin, TN 38238		
CITY/ST/ZIP/CO:			

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/ SUE BYRD	SUE BYRD,	4/23/2012
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.