

1.) CORPORATION NAME:

AARP FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **12/30/2010**

SCC ID NO: **F1321704**

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:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 E STREET NW
ATTN TAX DEPARTMENT

CITY/ST/ZIP: WASHINGTON, DC 20049-

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: PATRICIA D SHANNON
TITLE: VP/CFO
ADDRESS: 601 E ST NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: GEORGE ROWAN
TITLE: VICE CHAIR
ADDRESS: 601 E STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: MAE MENDELSON
TITLE: Chair
ADDRESS: 601 E STREET, NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: JOAN RUFF
TITLE: TREASURER
ADDRESS: 601 E STREET, NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: KATHLEEN EDMOND
TITLE: SECRETARY
ADDRESS: 601 E STREET, NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: SANDRA ULSH TITLE: Audit Chair ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JO ANN JENKINS TITLE: PRESIDENT ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NEAL CUTLER TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J DAVID NELSON TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FERNANDO TORRES-GIL TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK GINSBERG TITLE: DIRECTOR ADDRESS: 601 E STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<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/ PATRICIA D SHANNON	PATRICIA D SHANNON, VP/CFO	12/27/2010
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.		