

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: **12/31/2011**

SCC ID NO: **F1321704**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

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: JO ANN JENKINS  
TITLE: PRESIDENT  
ADDRESS: 601 E STREET, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20049-

OFFICER

DIRECTOR

NAME: PATRICIA D SHANNON  
TITLE: VP/CFO  
ADDRESS: 601 E ST 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: JOAN RUFF  
TITLE: TREASURER  
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: GEORGE ROWAN TITLE: VICE CHAIR ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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: 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: 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	
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	
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 _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA D SHANNON, VP/CFO _____ PRINTED NAME AND CORPORATE TITLE	12/22/2011 _____ 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.		