

1.) CORPORATION NAME:

HUMAN LIFE INTERNATIONAL, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NANCY R SCHLICHTING
530 EAST MAIN STREET
CHARLOTTESVILLE, VA**

SCC ID NO: **F1330515**

5.) STOCK INFORMATION

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

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4 FAMILY LIFE LN

CITY/ST/ZIP: FRONT ROYAL, VA 22630

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: REV SHENAN J BOQUET TITLE: PRESIDENT ADDRESS: 4 FAMILY LIFE LANE CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN G. MARTIN TITLE: VICE PRESIDENT ADDRESS: 305 SHERIDAN AVE CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MRS AMY D SHENK TITLE: TREASURER ADDRESS: 20514 SENEDO ROAD CITY/ST/ZIP/CO: EDINBURG, VA 22824	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA BAINBRIDGE TITLE: CHAIRMAN ADDRESS: 5738 SANDRINGHAM LANE CITY/ST/ZIP/CO: ROCKFORD, IL 61107	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MRS LORI HUNT TITLE: SECRETARY ADDRESS: PO BOX 4342 CITY/ST/ZIP/CO: WINCHESTER, VA 22604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SR. TERESE AUER, O.P. TITLE: DIRECTOR ADDRESS: 5009 BOBCAT COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LISA CAHILL, M.D. TITLE: DIRECTOR ADDRESS: 134 DUNCAN CIRCLE CITY/ST/ZIP/CO: BEAVER, PA 15009-9660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK DENNEHY, M.D. TITLE: DIRECTOR ADDRESS: 19 ROYAL WALNUT COURT CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STUART W. NOLAN, ESQ. TITLE: DIRECTOR ADDRESS: 234 KARLEYS WAY CITY/ST/ZIP/CO: MIDDLETOWN, VA 22645	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV JERRY POKORSKY TITLE: DIRECTOR ADDRESS: 7401 ST MICHAEL'S LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KARLA POLASCHEK, M.D. TITLE: DIRECTOR ADDRESS: 2752 NICHOLAS LANE CITY/ST/ZIP/CO: DAVENPORT, IA 52803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MSGR. CHARLES POPE TITLE: DIRECTOR ADDRESS: HOLY COMFORTER - ST. CYPRIUAN PARISH CITY/ST/ZIP/CO: 1357 EAST CAPITOL STREET, SE WASHINGTON, DC 20003	<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/ JOHN G. MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN G. MARTIN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/30/2014 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.		