

1.) CORPORATION NAME:

INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

DUE DATE: **11/30/2012**

SCC ID NO: **F1345844**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 PARK WASHINGTON CT

CITY/ST/ZIP: FALLS CHURCH, VA 22046

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: ELIZABETH B ARMSTRONG TITLE: EXECUTIVE DIREC ADDRESS: 201 PARK WASHINGTON CT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ellis Stanley TITLE: CHAIRMAN ADDRESS: 100 Whisper Wood Ct CITY/ST/ZIP/CO: Roswell, GA 30075	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nick Crossley TITLE: DIRECTOR ADDRESS: 3604 Koso St CITY/ST/ZIP/CO: Davis, CA 95618	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mike Martinet TITLE: DIRECTOR ADDRESS: 1 Dr Carlton B Goodlett Place CITY/ST/ZIP/CO: San Francisco, CA 94102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Russell TITLE: DIRECTOR ADDRESS: PO Box 308 CITY/ST/ZIP/CO: Huntsville, AL 35804	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Luc Rombout TITLE: DIRECTOR ADDRESS: Lokerenbaan 215 CITY/ST/ZIP/CO: Zele, 9240, BE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Victor Bai TITLE: DIRECTOR ADDRESS: Room 3L, Building 1, No. 578 CITY/ST/ZIP/CO: Shanghai, 200433, CN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Scott Milne TITLE: DIRECTOR ADDRESS: PO Box 1562 CITY/ST/ZIP/CO: ACT, 2901, AU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Khaled al Mansoori TITLE: DIRECTOR ADDRESS: PO Box 113811 CITY/ST/ZIP/CO: Abu Dhabi, , AE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Saunders TITLE: DIRECTOR ADDRESS: 316 Elmwood Crescent CITY/ST/ZIP/CO: Milton, ON L9T 1C5, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Shannan Saunders TITLE: DIRECTOR ADDRESS: 223 Lupin Dr CITY/ST/ZIP/CO: Whitby, ON , CA	<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/ ELIZABETH B ARMSTRONG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH B ARMSTRONG, EXECUTIVE DIREC PRINTED NAME AND CORPORATE TITLE	11/30/2012 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.		