

1.) CORPORATION NAME:

INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS

DUE DATE: **11/30/2013**

SCC ID NO: **F1345844**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	201 PARK WASHINGTON CT		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

NAME:	ELLIS STANLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 WHISPER WOOD CT		
CITY/ST/ZIP/CO:	ROSWELL, GA 30075		

NAME:	VICTOR BAI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ROOM 3L, BUILDING 1, NO. 578 SHANGHAI, 20043, CHINA		
CITY/ST/ZIP/CO:	, , FN		

NAME:	NICK CROSSLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3604 KOSO ST		
CITY/ST/ZIP/CO:	DAVIS, CA 95618		

NAME:	KHALED AL MANSOORI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 113811 ABU DHABI, UNITED ARAB EMIRATES		
CITY/ST/ZIP/CO:	, , FN		

NAME:	MIKE MARTINET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 DR CARLTON B GOODLETT PLACE		
CITY/ST/ZIP/CO:	CONTROLLER SAN FRANCISCO, CA 94102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT MILNE DIRECTOR PO BOX 1562 ACT,2901,AUSTRALIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUC ROMBOUT DIRECTOR LOKERENBAAN 215 ZELE,9240,BELGIUM , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN RUSSELL DIRECTOR PO BOX 308 HUNTSVILLE, AL 35804	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SAUNDERS DIRECTOR 316 ELMWOOD CRESCENT MILTON,ON,L9T 1,CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jennifer L. Duke-Holmes DIRECTOR 200 Simpson Ave Toronto, ON M4K 1A6, 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, CEO PRINTED NAME AND CORPORATE TITLE	1/22/2014 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.			