

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

Project Vote/Voting for America, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1367913**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

LA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1025 Connecticut Ave NW
Suite 100

CITY/ST/ZIP: WASHINGTON, DC 20036

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:	RENEE BERETON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4429 COLORADO AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20011		

NAME:	GARLAND YATES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3118 LAKE AVE		
CITY/ST/ZIP/CO:	CHEVERLY, MD 20785		

NAME:	CHRISTINA GREER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	113 W 60TH ST, 9TH FL		
CITY/ST/ZIP/CO:	NY, NY 10023		

NAME:	BRIAN MELLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1025 Connecticut Ave NW Suite 1000		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	MICHAEL SLOTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1025 Connecticut Ave NW Suite 100		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME: Frank Askin TITLE: DIRECTOR ADDRESS: 123 Washington Street CITY/ST/ZIP/CO: Newark, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Margaret Groarke TITLE: DIRECTOR ADDRESS: 3330 Giles Place CITY/ST/ZIP/CO: Bronx, NY 10466	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Craig Kaplan TITLE: DIRECTOR ADDRESS: 214 E 18th Street CITY/ST/ZIP/CO: New York, NY 10003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Frances Piven TITLE: DIRECTOR ADDRESS: 35 Claremont Avenue, Apt. 11-S CITY/ST/ZIP/CO: New York, NY 10027	<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/ BRIAN MELLOR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN MELLOR, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	4/29/2013 _____ 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.		