

1.) CORPORATION NAME:

**American Public University System, Inc.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1513037**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 WEST CONGRESS STREET

CITY/ST/ZIP: CHARLES TOWN, WV 25414

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:	WALLACE BOSTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	111 WEST CONGRESS STREET		
CITY/ST/ZIP/CO:	CHARLES TOWN, WV 25414		
NAME:	FRANK BALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	111 WEST CONGRESS STREET		
CITY/ST/ZIP/CO:	CHARLES TOWN, WV 25414		
NAME:	GENERAL ALFRED M. GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN EMERITUS		
ADDRESS:	111 WEST CONGRESS STREET		
CITY/ST/ZIP/CO:	CHARLES TOWN, WV 25414		
NAME:	LUCIE LAPOVSKY, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 W CONGRESS ST		
CITY/ST/ZIP/CO:	CHARLES TOWN, WV 25414		
NAME:	KATY E MARRE, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 W CONGRESS ST		
CITY/ST/ZIP/CO:	CHARLES TOWN, WV 25414		
NAME:	MG ROBERT NABORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 WEST CONGRESS ST		
CITY/ST/ZIP/CO:	CHARLES TOWN, WV 25414		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADM ANN RONDEAU DIRECTOR 111 WEST CONGRESS ST CHARLES TOWN, WV 25414	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G TREFRY DIRECTOR 111 W CONGRESS ST CHARLES TOWN, WV 25414	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHERINE ZATZ, ED.D. DIRECTOR 111 W CONGRESS ST CHARLES TOWN, WV 25414	<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/ WALLACE BOSTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WALLACE BOSTON, PRES/CEO PRINTED NAME AND CORPORATE TITLE	4/30/2014 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.			