

1.) CORPORATION NAME: Association of University Programs in HealthAdministration	DUE DATE: 7/31/2012		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT J WEIL 11154 TATTERSALL TRAIL OAKTON, VA 22124	SCC ID NO: F1593005		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: IL			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 14TH ST NORTH
SUITE 780

CITY/ST/ZIP: ARLINGTON, VA 22201-2543

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: LYDIA MIDDLETON TITLE: O/D ADDRESS: 2000 14TH ST N STE 780 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: PETER FITZPATRICK TITLE: CHAIR ADDRESS: CLAYTON STATE UNIVERSITY SCHOOL OF HEALTH SCIENCE 5900 N LEE STREET CITY/ST/ZIP/CO: MORROW, GA 30260	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------	--

NAME: SHARON SCHWEIKHART TITLE: CHAIR ELECT ADDRESS: OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, 459 CUNZ HALL, 1841 NEIL AVE CITY/ST/ZIP/CO: COLUMBUS, OH 43210	<input checked="" type="checkbox"/> OFFICER	<input 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/ LYDIA MIDDLETON	LYDIA MIDDLETON, O/D	5/23/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.