

1.) CORPORATION NAME:

IPM INTERNATIONAL INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARA SPENCER
6119 UNION VILLAGE DR
CLIFTON, VA**

SCC ID NO: **F1669219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1732 20TH ST NW

CITY/ST/ZIP: WASHINGTON, DC 20009

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.

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAN KITTO BURKE		
TITLE:	DIRECTOR		
ADDRESS:	3000 TUTTLE CREEK BLVD		
	#550		
CITY/ST/ZIP/CO:	MANHATTAN, KS 66502		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD LASSITER		
TITLE:	PRESIDENT		
ADDRESS:	4070 GOV ALMOND ROAD		
CITY/ST/ZIP/CO:	LOCUST GROVE, KS 22508		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARYANNE WASSENBERG		
TITLE:	DIRECTOR		
ADDRESS:	6682 COLONNADES		
CITY/ST/ZIP/CO:	WARRENTON, VA 20187		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAROLYN CLARK		
TITLE:	DIRECTOR		
ADDRESS:	6598 CHARTWELL DRIVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DORINDA FOX		
TITLE:	DIRECTOR		
ADDRESS:	5 PRAIRIE LANE		
CITY/ST/ZIP/CO:	PLACITAS, NM 87043		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY D JOHNSON		
TITLE:	VICE PRESIDENT		
ADDRESS:	4641 W 6th Street		
	Apt C11		
CITY/ST/ZIP/CO:	LAWRENCE, KS 66049		

NAME: Kathleen Ellis TITLE: SECRETARY ADDRESS: 160 Firetower Road CITY/ST/ZIP/CO: Leesburg, GA 31763	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Neal A Krysinski TITLE: TREASURER ADDRESS: 6600 Comet Circle #660 CITY/ST/ZIP/CO: Springfield, VA 22150	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARY D JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY D JOHNSON, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/13/2014 DATE
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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.