

1.) CORPORATION NAME:

**American Art Therapy Association, Inc.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1681792**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11 SOUTH STREET  
STE 1463

CITY/ST/ZIP: RICHMOND, VA 23218

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:	SARAH DEAVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	234 NORTH BLAKE RD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	JOSEPH JAWOREK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 1020		
CITY/ST/ZIP/CO:	DENVILLE, NJ 07005		
NAME:	CHARLOTTE BOSTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4003 KATHLAND AVENUE		
CITY/ST/ZIP/CO:	GWYNN OAK, MD 21207		
NAME:	JULIET KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4810 WINTHROP AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46205		
NAME:	CHERYL DOBY-COPELAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3421 24TH ST, NE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20018		
NAME:	LAURA V LOUMEAU-MAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12 ROGER CT SOUTH		
CITY/ST/ZIP/CO:	RINGWOOD, NJ 07456		

NAME: DEBORAH SHARPE TITLE: DIRECTOR ADDRESS: 1261 MARIN AVENUE CITY/ST/ZIP/CO: SAN PABLO, CA 94806-4243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GWENDOLYN SHORT TITLE: DIRECTOR ADDRESS: 223 RHODE ISLAND AVE NE CITY/ST/ZIP/CO: WASHINGTON, DC 20002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STELLA STEPNEY TITLE: DIRECTOR ADDRESS: 6 SYLVAN KNOLL CITY/ST/ZIP/CO: FAIRPORT, NY 14450	<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/ JOSEPH JAWOREK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH JAWOREK, TREASURER PRINTED NAME AND CORPORATE TITLE	9/27/2013 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.		