

1.) CORPORATION NAME:

**THE HUMANE SOCIETY OF THE UNITED STATES**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F1709924**

5.) STOCK INFORMATION

|       |            |
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| CLASS | AUTHORIZED |
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 L STREET NW

CITY/ST/ZIP: WASHINGTON, DC 20037

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:           | WAYNE PACELLE        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRES/CEO             |   |                                   |
| ADDRESS:        | 2100 L STREET NW     |   |                                   |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20037 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
| NAME:           | ROGER A KINDLER      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/CLO/GC            |   |                                   |
| ADDRESS:        | 2100 L STREET NW     |   |                                   |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20037 |   |                                   |

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|-----------------|----------------------|---|-----------------------------------|
| NAME:           | G THOMAS WAITE III   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | T/CFO                |   |                                   |
| ADDRESS:        | 2100 L STREET NW     |   |                                   |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20037 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
| NAME:           | AMY C. RODGERS       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY            |   |                                   |
| ADDRESS:        | 2100 L STREET NW     |   |                                   |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20037 |   |                                   |

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|-----------------|-----------------------|----------------------------------|--|
| NAME:           | WALTER J STEWART ESQ. | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 2100 L STREET NW      |                                  |  |
| CITY/ST/ZIP/CO: | WASHINGTON, DE 20037  |                                  |  |

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|-----------------|-----------------------|---|--|
| NAME:           | ERIC L. BERNTHAL ESQ. | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CHAIRMAN              |   |  |
| ADDRESS:        | 2100 L STREET NW      |   |  |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20037  |   |  |

|  |  |   |  |
|--|--|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JASON WEISS<br>VICE CHAIRMAN<br>2100 L STREET NW<br>WASHINGTON, DC 20037         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JENNIFER LEANING MD<br>VICE CHAIRMAN<br>2100 L STREET NW<br>WASHINGTON, DC 20037 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CHARLES A. LAUE<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037          | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | PAULA A. KISLAK, D.V.M.<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CATHY KANGAS<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JANE GREENSPUN GALE<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ANITA W. COUPE ESQ.<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JERRY CESAK<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037              | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JERRY ARCINIACO<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037          | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAVID O. WIEBERS MD<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOHN MACKEY<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037              | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MARY I. MAX<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037              | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | C. THOMAS MCMILLEN<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | SHARON LEE PATRICK<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MARSHA R. PERELMAN<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JONATHAN M. RATNER<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ANDREW WEINSTEIN<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOSHUA S. REICHERT PH.D.<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | NEIL B. FANG ESQ.<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | KATHLEEN M. LINEHAN ESQ.<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | PATRICK L. MCDONNELL<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JUDY NEY<br>DIRECTOR<br>2100 L STREET NW<br>WASHINGTON, DC 20037                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|--|----------------------------------|--|
| NAME: MARIAN G. PROBST<br>TITLE: DIRECTOR<br>ADDRESS: 2100 L STREET NW<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20037 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|---|----------------------------------|--|
| NAME: KIMBERLY GETZ<br>TITLE: DIRECTOR<br>ADDRESS: 2100 L STREET NW<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20037 | <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/ G THOMAS WAITE III                              | G THOMAS WAITE III, T/CFO        | 5/14/2014 |
| 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.