

1.) CORPORATION NAME:

Association of American Medical Colleges

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

SCC ID NO: **F1715962**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2450 N ST 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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CAROL A ASCHENBRENER MD	
TITLE:	VICE PRESIDENT	
ADDRESS:	2450 N ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DIANE REIS	
TITLE:	DIRECTOR	
ADDRESS:	199 WINTHROP RD	
	APT 22	
CITY/ST/ZIP/CO:	BROOKLINE, MA 02245-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BERNARD JARVIS	
TITLE:	ASST TREASURER	
ADDRESS:	2450 N ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BERNARD JARVIS	
TITLE:	ASST TREASURER	
ADDRESS:	2450 N ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK LARET	
TITLE:	DIRECTOR	
ADDRESS:	UCSF MEDICAL CENTER	
	500 PAMASUS AVE	
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94143-	

NAME: JAMES CRAWFORD TITLE: DIRECTOR ADDRESS: 10 NEVADA DR CITY/ST/ZIP/CO: NEW HYDE PARK, NY 11042-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS LAWLEY TITLE: DIRECTOR ADDRESS: EMORY UNIV SOM 1648 PIERCE DR NE, #423 CITY/ST/ZIP/CO: ATLANTA, GA 30322-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DARRELL G KIRCH MD TITLE: PRESIDENT ADDRESS: 2450 N ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037-	<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.

<u>/s/ DARRELL G KIRCH MD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARRELL G KIRCH MD, <u>PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/12/2011</u> 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.