

1.) CORPORATION NAME:

**Association of American Medical Colleges**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1715962**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

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.

NAME:	DARRELL G KIRCH MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2450 N ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		

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

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

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

NAME:	THOMAS LAWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	EMORY UNIV SOM 1648 PIERCE DR NE, #423		
CITY/ST/ZIP/CO:	ATLANTA, GA 30322		

NAME:	Bernard Jarvis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2450 N Street NW		
CITY/ST/ZIP/CO:	Washington, DC 20037		

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/ Bernard Jarvis</u>	<u>Bernard Jarvis, ASST SECRETARY</u>	<u>6/25/2012</u>
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.