

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

The Alliance for Care at the End of Life

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1733320**

**JONATHAN KEYSERLING
1910 MARTHAS ROAD
ALEXANDRIA, VA 22307**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1731 KING ST STE 400

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	J DONALD SCHUMACHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1731 KING ST STE 400		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	MARA BENNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1731 KING STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	RON FRIED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	1731 KING STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	SUSAN LLOYD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIR		
ADDRESS:	1731 KING STREET		
CITY/ST/ZIP/CO:	SUITE 400 ALEXANDRIA, VA 22314		

NAME:	CATHY L GIBNEY CPA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1731 KING ST STE 400		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	JONATHAN KEYSERLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1731 KING ST STE 400		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GALEN MILLER DIRECTOR 1731 KING ST STE 400 ALEXANDRIA, VA 22314	<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/ CATHY L GIBNEY CPA	CATHY L GIBNEY CPA, DIRECTOR	11/19/2012	
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.			