

1.) CORPORATION NAME:

Employee Relocation Council, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1742941**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4401 WILSON BLVD STE 510

CITY/ST/ZIP: ARLINGTON, VA 22203-

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:	SUSAN SCHNEIDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME:	PAMELA O'CONNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME:	MATTHEW SPINOLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME:	MATTHEW SPINOLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME:	MICHAEL WASHBOURN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORI BEAUDET DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BLANCHETT ANITA DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA CARAVELLA DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIO FERRARO DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID GAGE DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GRAEBEL DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARS IVERSEN DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER JAMES DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EARL LEE DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAY KUTT DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOY MORRISON TITLE: DIRECTOR ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN NORD TITLE: DIRECTOR ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN PFEIFFER TITLE: DIRECTOR ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GAIL PLUMMER TITLE: DIRECTOR ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PANDRA RICHIE TITLE: DIRECTOR ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAT SPARKS TITLE: DIRECTOR ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KIRK FABEL TITLE: VP FINANCE ADDRESS: 4401 WILSON BLVD SUITE 510 CITY/ST/ZIP/CO: ARLINGTON, VA 22203-	<input checked="" 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/ KIRK FABEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIRK FABEL, VP FINANCE PRINTED NAME AND CORPORATE TITLE
3/30/2011 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.	