

1.) CORPORATION NAME:

Employee Assistance Research Foundation

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT E MCLEAN
2001 JEFFERSON DAVIS HWY
ARLINGTON, VA**

SCC ID NO: **F1801796**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2001 JEFFERSON DAVIS HIGHWAY
SUITE 1004

CITY/ST/ZIP: ARLINGTON, VA 22202

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:	DAVID A SHARAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/TREASURER		
ADDRESS:	1003 MARTIN LUTHER KING DR		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61701		
NAME:	CARL R TISONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11469 OLIVE BLVD #313		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	JOHN BURKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	624 MARITIME WAY		
CITY/ST/ZIP/CO:	TOPSAIL BEACH, NC 28445		
NAME:	DENNIS DERR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	78 CLIMAX DRIVE		
CITY/ST/ZIP/CO:	SIMSBURY, CT 06070		
NAME:	RON MANDERSCHIED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 MASSACHUSETTS AVE, NW		
CITY/ST/ZIP/CO:	SUITE 500 WASHINGTON, DC 20001		
NAME:	DALE MASI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 990268		
CITY/ST/ZIP/CO:	BOSTON, MA 02199		

NAME: JOHN MAYNARD TITLE: DIRECTOR ADDRESS: 4350 N FAIRFAX DRIVE SUITE 410 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH MERRICK TITLE: DIRECTOR ADDRESS: 415 SOUTH STREET MS 035 CITY/ST/ZIP/CO: WALTHAM, MA 02454	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN OSILLA TITLE: DIRECTOR ADDRESS: 1776 MAIN STREET CITY/ST/ZIP/CO: SANTA MONICA, CA 90401	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL ROMAN TITLE: ADVISOR ADDRESS: 106 BARROW HALL CITY/ST/ZIP/CO: ATLANTA, GA 30602	<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/ DAVID A SHARAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID A SHARAR, SEC/TREASURER PRINTED NAME AND CORPORATE TITLE
10/3/2013 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.	