

1.) CORPORATION NAME:

**Outdoor Power Equipment Aftermarket Association, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BENTON BURROUGHS  
3110 FAIRVIEW PARK DR STE 1400  
FALLS CHURCH, VA 22042**

SCC ID NO: **F1822123**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 341 S PATRICK STREET

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:	MIKE WATTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2825 MILLER RANCH RD SUITE 201		
CITY/ST/ZIP/CO:	PEARLAND, TX 77584		

NAME:	DALE MARCELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4840 E 12TH STREET		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64127		

NAME:	JIM PAUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	46929 MAGELLAN DR		
CITY/ST/ZIP/CO:	WIXOM, MI 48393		

NAME:	JEFFREY ANDREWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2737 E. CHAMBERS STREET		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME:	ERIC GUNDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6111 SHAKESPEARE RD		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29223		

NAME:	WALTER RIECK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 SIERRA PLACE		
CITY/ST/ZIP/CO:	LITCHFIELD, IL 62056		

NAME: CHRIS ROESSLER TITLE: DIRECTOR ADDRESS: HIGHWAY 23N - PO BOX 747 CITY/ST/ZIP/CO: GLENNVILLE, GA 30427	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY STILES TITLE: DIRECTOR ADDRESS: 2424 CATHY LANE CITY/ST/ZIP/CO: JASPER, IN 47546	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Arnaud Legrand TITLE: DIRECTOR ADDRESS: 1700 A Old Mansfield Rd CITY/ST/ZIP/CO: Wooster, OH 44691	<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/ MIKE WATTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MIKE WATTS, PRINTED NAME AND CORPORATE TITLE	4/1/2012 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.		