

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
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

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

NAME:	DALE MARCELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	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:	VICE PRESIDENT		
ADDRESS:	46929 MAGELLAN DR		
CITY/ST/ZIP/CO:	WIXOM, MI 48393		

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

NAME:	ARNAUD LEGRAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 A OLD MANSFIELD RD		
CITY/ST/ZIP/CO:	WOOSTER, OH 44691		

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
---	----------------------------------	--

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/ DALE MARCELL	DALE MARCELL, PRESIDENT	1/24/2013
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.