

1.) CORPORATION NAME:

Outdoor Power Equipment Aftermarket Association, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:

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

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

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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	HIGHWAY 23N - PO BOX 747		
CITY/ST/ZIP/CO:	GLENNVILLE, GA 30427		

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: BARRY STILES TITLE: TREASURER ADDRESS: 2424 CATHY LANE CITY/ST/ZIP/CO: JASPER, IN 47546	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Anthony Marchese TITLE: DIRECTOR ADDRESS: 9335 Harris Corners Parkway CITY/ST/ZIP/CO: Charlotte, NC 28269	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Mark Errick TITLE: DIRECTOR ADDRESS: 24843 Route 6 CITY/ST/ZIP/CO: Port Alegancy, PA 16743	<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/ JIM PAUGH	JIM PAUGH, PRESIDENT	2/5/2014		
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.				