

1.) CORPORATION NAME:

Outdoor Power Equipment Aftermarket Association, Inc.

DUE DATE: **4/30/2014**

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

NAME:	BARRY STILES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2424 CATHY LANE		
CITY/ST/ZIP/CO:	JASPER, IN 47546		

NAME:	MARK ERRICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	24843 ROUTE 6		
CITY/ST/ZIP/CO:	PORT ALEGANCY, PA 16743		

NAME:	SCOTT HARRIS	<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:	ANTHONY MARCHESE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9335 HARRIS CORNERS PARKWAY		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28269		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER RIECK DIRECTOR 1 SIERRA PLACE LITCHFIELD, IL 62056	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS ROESSLER DIRECTOR HIGHWAY 23N - PO BOX 747 GLENNVILLE, GA 30427	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCK SOGAARD DIRECTOR 6111 SHAKESPEARE RD COLUMBIA, SC 29223	<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, DIRECTOR	3/14/2014	
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.			