

1.) CORPORATION NAME:

**SOCIETY OF CONSUMER AFFAIRS PROFESSIONALS**

**InBusiness**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**RESAGENT INC**

**3190 FAIRVIEW PARK DR**

**FALLS CHURCH, VA 22042**

DUE DATE: **3/31/2012**

SCC ID NO: **F1853540**

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: 625 N WASHINGTON STREET  
SUITE 304

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: CHERYL DUWVE  
TITLE: Past Board Chair  
ADDRESS: 625 N WASHINGTON STREET, SUITE 304  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: JEFFREY HAGEN  
TITLE: BOARD CHAIR  
ADDRESS: 625 N. WASHINGTON STREET, SUITE 304  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: KIM MCMILLER  
TITLE: SECRETARY  
ADDRESS: 625 N WASHINGTON STREET, SUITE 304  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: MARIE SHUBIN  
TITLE: TREASURER  
ADDRESS: 625 N. WASHINGTON STREET, SUITE 304  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: MATTHEW D'UVA  
TITLE: PRESIDENT  
ADDRESS: 625 N. WASHINGTON STREET, SUITE 304  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORRAINE AVERY DIRECTOR 625 N WASHINGTON ST #304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL BIONDO DIRECTOR 625 N WASHINGTON ST #304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D'ALESSANDRO DIRECTOR 625 N WASHINGTON ST #304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MCDONALD VICE CHAIR 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINNEA WILSON CHAIR-ELECT 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON ROSSER DIRECTOR 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSEMARY O'MALLEY DIRECTOR 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEO DODDS DIRECTOR 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IASHA RIVERS DIRECTOR 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK O'SHEA DIRECTOR 625 N. WASHINGTON STREET, SUITE 304 ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PATRICE FEHL TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK HAMILTON TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET, SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN VAUGHN TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET, SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HELEN HORSHAM-BERTELS TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET, SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS IRVING TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET, SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK ELIASON TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET, SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RITA WOOD TITLE: DIRECTOR ADDRESS: 625 N. WASHINGTON STREET, SUITE 304 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<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.	
<u>/s/ MATTHEW D'UVA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MATTHEW D'UVA, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE
<u>1/31/2012</u> 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.	