

1.) CORPORATION NAME:

AARP Services Inc.

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

SCC ID NO: **F1856881**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 650 F. STREET, N.W.

CITY/ST/ZIP: WASHINGTON, DC 20004-

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: TIMOTHY ARMOUR
TITLE: DIRECTOR
ADDRESS: 650 F. STREET, NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER DIRECTOR

NAME: MARTHA DALY
TITLE: DIRECTOR
ADDRESS: 650 F. STREET, NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER DIRECTOR

NAME: A. BARRY RAND
TITLE: DIRECTOR
ADDRESS: 650 F STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER DIRECTOR

NAME: DARLENE DEREMER
TITLE: DIRECTOR
ADDRESS: 650 F STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER DIRECTOR

NAME: JAKE LOZADA
TITLE: DIRECTOR
ADDRESS: 650 F STREET
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER DIRECTOR

NAME: JIM PHILLS TITLE: DIRECTOR ADDRESS: 650 F STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN PENN TITLE: DIRECTOR ADDRESS: 650 F STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAYNIE STUDENMUND TITLE: DIRECTOR ADDRESS: 650 F STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN WIDER TITLE: PRES/CEO ADDRESS: 650 F STREET, N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SCOTT FRISCH TITLE: TREASURER ADDRESS: 650 F STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SARAH MIKA TITLE: SECRETARY ADDRESS: 650 F STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GARY KNELL TITLE: DIRECTOR ADDRESS: 650 F STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<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/ SARAH MIKA _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARAH MIKA, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
3/5/2012 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.	