

1.) CORPORATION NAME:

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

AARP Services Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1856881**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: 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: SARAH MIKA TITLE: SECRETARY 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/CFO ADDRESS: 650 F Street N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Tim Armour TITLE: DIRECTOR ADDRESS: 650 F Street N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTHA DALY TITLE: DIRECTOR ADDRESS: 650 F Street N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DARLENE DEREMER TITLE: DIRECTOR ADDRESS: 650 F Street N.W. 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 N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JIM PHILLS TITLE: DIRECTOR ADDRESS: 650 F Street N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: A BARRY RAND TITLE: DIRECTOR ADDRESS: 650 F Street N.W. 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	3/30/2013 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.		