

1.) CORPORATION NAME:

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

AARP Services Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1856881**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

<p>NAME: JOHN WIDER TITLE: PRES/CEO ADDRESS: 650 F STREET N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT FRISCH TITLE: TREASURER/CFO ADDRESS: 650 F STREET N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SARAH MIKA TITLE: SECRETARY ADDRESS: 650 F STREET N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: TIM ARMOUR TITLE: DIRECTOR ADDRESS: 650 F STREET N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARTHA DALLY TITLE: DIRECTOR ADDRESS: 650 F STREET N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DARLENE DEREMER TITLE: DIRECTOR ADDRESS: 650 F STREET N.W. CITY/ST/ZIP/CO: WASHINGTON, DC 20004</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN PENN DIRECTOR 650 F STREET N.W. WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM PHILLS DIRECTOR 650 F STREET N.W. WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A BARRY RAND DIRECTOR 650 F STREET N.W. 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	3/17/2014 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.			