

1.) CORPORATION NAME:

DUE DATE: **5/31/2012**

Brain Injury Association of America, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1861048**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1608 Spring Hill Road, Suite 110

CITY/ST/ZIP: Vienna, VA 22182

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.

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| NAME: JAMES F HUMPHREYS TITLE: OFFICER ADDRESS: 500 VIRGINIA ST EAST CITY/ST/ZIP/CO: CHARLESTON, WV 25301 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: GREGORY J O'SHANICK TITLE: OFFICER ADDRESS: 10710 MIDLOTHIAN TPKE STE 125 CITY/ST/ZIP/CO: RICHMOND, VA 23235 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: MARK J ASHLEY TITLE: DIRECTOR ADDRESS: 2658 MT VERNON AVE CITY/ST/ZIP/CO: BAKERSFIELD, CA 93306 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DANIEL S CHAMBERLAIN TITLE: DIRECTOR ADDRESS: 10333 N MERIDIAN ST STE 100 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46290 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Susan H. Connors TITLE: PRESIDENT ADDRESS: 1608 Spring Hill Road, Suite 110 CITY/ST/ZIP/CO: Vienna, VA 22182 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: Mary S. Reitter TITLE: EVP, COO & CFO ADDRESS: 1608 Spring Hill Road, Suite 110 CITY/ST/ZIP/CO: Vienna, VA 22182 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |

| | | | |
|--|--|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Virginia Lazzara DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Carol Bray DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Roberta DePompeii DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Dennis Hays DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | David Hovda DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Jan Hedquist DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Robert Longo DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Anne Mcdonnell DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Sharon Meagher DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | James Misko DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | Christopher Nowinski DIRECTOR 1608 Spring Hill Road, Suite 110 Vienna, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|-----------------|----------------------------------|----------------------------------|--|
| NAME: | Drew Nagele | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Allison Schiebelhut | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Christopher Slover | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Leslie Schmid | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Christopher Slover | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Caroline Suplizio | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Tina Trudel | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Martin Zink | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Brant Elking | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |
| NAME: | Wayne Gordon | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1608 Spring Hill Road, Suite 110 | | |
| CITY/ST/ZIP/CO: | Vienna, VA 22182 | | |

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.

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| /s/ Mary S.Reitter | Mary S.Reitter, | 6/29/2012 |
| 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.