

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

**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**

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:

**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.

NAME:	SUSAN H. CONNORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1608 SPRING HILL ROAD, SUITE 110		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	JAMES F HUMPHREYS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 VIRGINIA ST EAST		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25301		
NAME:	GREGORY J O'SHANICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10710 MIDLOTHIAN TPKE STE 125		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		
NAME:	MARY S. REITTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, COO & CFO		
ADDRESS:	1608 SPRING HILL ROAD, SUITE 110		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	MARK J ASHLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2658 MT VERNON AVE		
CITY/ST/ZIP/CO:	BAKERSFIELD, CA 93306		
NAME:	DANIEL S CHAMBERLAIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	10333 N MERIDIAN ST STE 100		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46290		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANT ELKIND NON-VOTING EXOF 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:	WAYNE GORDON NON-VOTING EXOF 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 TREASURER 1608 SPRING HILL ROAD, SUITE 110 VIENNA, VA 22182	<input checked="" 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:	DREW NAGELE 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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER SLOVER 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:	TINA TRUDEL 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:	MARTIN ZINK 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:	Sharese Bullock-Bailey 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:	Marie Cavallo DIRECTOR 1608 SPRING HILL ROAD, SUITE 110 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Philicia Deckard TITLE: DIRECTOR ADDRESS: 1608 SPRING HILL ROAD, SUITE 110 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Sheldon L. Herring TITLE: DIRECTOR ADDRESS: 1608 SPRING HILL ROAD, SUITE 110 CITY/ST/ZIP/CO: VIENNA, VA 22182	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ramon Diaz-Arrastia TITLE: DIRECTOR ADDRESS: 1608 SPRING HILL ROAD, SUITE 110 CITY/ST/ZIP/CO: VIENNA, VA 22182	<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/ MARY S. REITTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY S. REITTER, EVP, COO & CFO PRINTED NAME AND CORPORATE TITLE	5/28/2013 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.		