

1.) CORPORATION NAME: Brain Injury Association of America, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENTS INC. 4445 CORPORATION LANE STE 264 VIRGINIA BEACH, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY 4.) STATE OR COUNTRY OF INCORPORATION: MA	DUE DATE: 5/31/2015 SCC ID NO: F1861048 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

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 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
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NAME: IRA SHERMAN TITLE: TREASURER ADDRESS: 1232 SEVENTEENTH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK J ASHLEY TITLE: SECRETARY ADDRESS: 2658 MT VERNON AVE CITY/ST/ZIP/CO: BAKERSFIELD, CA 93306	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DANIEL S. CHAMBERLAIN TITLE: CHAIRMAN ADDRESS: ONE INDIANA SQUARE STE 1400 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRANT A. ELKIND TITLE: VICE CHAIRMAN ADDRESS: PO BOX 1067 CITY/ST/ZIP/CO: HILLSBOROUGH, NH 03244	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ SUSAN H. CONNORS	SUSAN H. CONNORS, PRESIDENT	5/19/2015
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.