

1.) CORPORATION NAME:

THE STUDENT CONSERVATION ASSOCIATION, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1902503**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4245 NORTH FARFAX DR

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	DALE M PENNY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4245 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 825 ARLINGTON, VA 22203		

NAME:	ROBERT C COATES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4245 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 825 ARLINGTON , VA 22203		

NAME:	SCOTT C WEAVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4295 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 825 ARLINGTON , VA 22203		

NAME:	VALERIE BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4245 NORTH DAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 825 ARLINGTON , VA 22203		

NAME:	RICHARD J SEAMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4245 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	SUITE 825 ARLINGTON, VA 22203		

NAME: MARGARET BROWN TITLE: DIRECTOR ADDRESS: PO BOX 93330 CITY/ST/ZIP/CO: ANCHORAGE, AK 99509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES D. DICKEY III TITLE: DIRECTOR ADDRESS: 144 MADRONA PLACE E CITY/ST/ZIP/CO: SEATTLE , WA 98112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAYTON R. DUNCAN TITLE: DIRECTOR ADDRESS: PO BOX 835 CITY/ST/ZIP/CO: WALPOLE , NH 03608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LILLIAN E. FALESE TITLE: DIRECTOR ADDRESS: 3814 OXFORD STREET CITY/ST/ZIP/CO: NAPA , CA 94558	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDMUND BARTLETT TITLE: DIRECTOR ADDRESS: 4 WEST MELROSE STREET CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815	<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/ VALERIE BAILEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VALERIE BAILEY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/26/2013 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.		