

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214523106

1.) CORPORATION NAME:

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
1111 E MAIN ST 16TH FL
RICHMOND, VA**

SCC ID NO: **F1922477**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2900 Crystal Drive
Suite 600

CITY/ST/ZIP: Arlington, VA 22202

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	REP LEAH VUKMIR				
TITLE:	CHAIRMAN				
ADDRESS:	1101 VERMONT AVENUE NW 11TH FLOOR WASHINGTON, DC 20005				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	REP LISTON BARFIELD				
TITLE:	SECRETARY				
ADDRESS:	1101 VERMONT AVENUE NW 11TH FLOOR WASHINGTON, DC 20005				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	REP. LINDA UPMEYER				
TITLE:	CHAIRMAN				
ADDRESS:	1101 VERMONT AVENUE NW 11TH FLOOR WASHINGTON, DC 20005				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	REP JOHN PISCOPO				
TITLE:	PAST CHAIR				
ADDRESS:	1101 VERMONT AVENUE NW 11TH FLOOR WASHINGTON, DC 20005				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Phil King				
TITLE:	VICE CHAIRMAN				
ADDRESS:	2900 Crystal Drive Suite 600 Arlington, VA 22202				
CITY/ST/ZIP/CO:					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES BUCK TREASURER 2900 Crystal Drive Suite 600 Arlington, VA 22202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ron Scheberle PRESIDENT 2900 Crystal Drive Suite 600 Arlington, VA 22202	<input checked="" 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/ Ron Scheberle	Ron Scheberle, PRESIDENT	4/30/2014	
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.			