

1.) CORPORATION NAME: <b>Experience Corps.</b>	DUE DATE: <b>10/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1943838</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 601 E Street, NW  CITY/ST/ZIP: Washington, DC 20049	
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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: LESTER STRONG TITLE: VP/CEO ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DANA KRUG TITLE: S/CFO ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WENDY ZENKER TITLE: TREA ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARTIN RODGERS TITLE: DIRECTOR ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PHIL ZARIENGO TITLE: DIRECTOR ADDRESS: 601 E STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20049	<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/ _____		10/28/2015
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.