## 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15666

Entity Name: AARP INC.

**FILED** Apr 24, 2015 Secretary of State CC2378031902

**Current Principal Place of Business:** 

601 E STREET, NW WASHINGTON, DC 20049

**Current Mailing Address:** 

601 E STREET, NW

WASHINGTON, DC 20049 US

FEI Number: 95-1985500 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title **PRESIDENT** Title SECRETARY, TREASURER,

**DIRECTOR** 

DIRECTOR

DIRECTOR

ENGLISH, JEANNIE Name RUFF, JOAN Name 601 E STREET, NW Address

Address 601 E STREET, NW WASHINGTON DC 20049

City-State-Zip: City-State-Zip: WASHINGTON DC 20049

Title

Title

Title DIRECTOR

DALY, RONALD Name Name DAHLEN, GRETCHEN Address 601 E STREET, NW

601 E STREET, NW Address City-State-Zip: WASHINGTON DC 20049

City-State-Zip: WASHINGTON DC 20049

Title **DIRECTOR** 

Name DOUMA, ALLEN Name GEORGE, CATHERINE Address 601 E STREET, NW Address

601 E STREET, NW WASHINGTON DC 20049 City-State-Zip:

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR Title DIRECTOR

HOOVER, JEWELL Name Name JONES, RAYMOND Address 601 E STREET, NW Address 601 E STREET, NW WASHINGTON DC 20049 City-State-Zip:

City-State-Zip: WASHINGTON DC 20049

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/24/2015 SIGNATURE: JOAN RUFF SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name KELLY, TIMOTHY

Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name NELSON, J DAVID
Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR
Name PENN, JOHN

Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name RAPHAEL, CAROL Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name SCHNIEDEWIND, ERIC

Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name WATSON, EDWARD Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name LORADO, JACOB

Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name O'CONNOR, BARBARA Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR
Name PRATT, DIANE

Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name REED, CHARLES E
Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049

Title DIRECTOR

Name TORRES-GIL, FERNANDO

Address 601 E STREET, NW

City-State-Zip: WASHINGTON DC 20049