

1.) CORPORATION NAME:

AIRLIE FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **3/7/2012**

SCC ID NO: **00866111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6809 AIRLIE ROAD

CITY/ST/ZIP: WARRENTON, VA 20187-7110

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: KIMBERLY HEAD
TITLE: PRESIDENT
ADDRESS: 7078 AIRLIE ROAD
CITY/ST/ZIP/CO: WARRENTON, VA 20187-7110

OFFICER

DIRECTOR

NAME: JOHN ROBERTS
TITLE: VICE PRESIDENT
ADDRESS: 250 WEST 57TH ST
CITY/ST/ZIP/CO: NEW YORK, NY 10107-

OFFICER

DIRECTOR

NAME: MARGARET CROSBY CLARK
TITLE: S/T
ADDRESS: 934 PARK AVE
PO BOX 155
CITY/ST/ZIP/CO: WYCOMBE, PA 18980-

OFFICER

DIRECTOR

NAME: KENNETH KIMMELL
TITLE: DIRECTOR
ADDRESS: 165 ELIGIN ST
CITY/ST/ZIP/CO: NEWTON, MA 02459-2301

OFFICER

DIRECTOR

NAME: GAVIN SHIRE
TITLE: DIRECTOR
ADDRESS: 20 FORREST ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305-

OFFICER

DIRECTOR

NAME: MARJORIE VOITH TITLE: DIRECTOR ADDRESS: 2702 PARKVIEW DR CITY/ST/ZIP/CO: RIVA, MD 21140-1017	<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/ KIMBERLY HEAD	KIMBERLY HEAD, PRESIDENT	3/7/2012
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.