

1.) CORPORATION NAME:

AIRLIE FOUNDATION

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **00866111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	MARGARET CROSBY CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	934 PARK AVE PO BOX 155 WYCOMBE, PA 18980		
CITY/ST/ZIP/CO:			
NAME:	SUZANNE HAYDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	213 NORTH 4TH ST BARDSTOWN, KY 40004		
CITY/ST/ZIP/CO:			
NAME:	JOHN ROBERTS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	250 WEST 57TH ST NEW YORK, NY 10107		
CITY/ST/ZIP/CO:			
NAME:	RACHEL GARDNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	224 PONTIUS AVE NORTH #312 SEATTLE, VA 98109		
CITY/ST/ZIP/CO:			
NAME:	KIMBERLY HEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7091 JAMES MADISON HWY WARRENTON, VA 20187		
CITY/ST/ZIP/CO:			
NAME:	KRISTIN KURIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1447 HEADQUARTERS PLANTATION DRIVE JOHNS ISLAND, SC 29455		
CITY/ST/ZIP/CO:			

NAME: GAVIN SHIRE TITLE: DIRECTOR ADDRESS: 20 FORREST ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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
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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/ MARGARET CROSBY CLARK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGARET CROSBY CLARK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/3/2015 DATE
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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.