

1.) CORPORATION NAME:

THE NATIONAL FOUNDATION FOR INFECTIOUS DISEASES

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**D EUGENE WEBB JR
1001 HAXALL POINT, 15TH FL
POST OFFICE BOX 1122**

SCC ID NO: **01407246**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7201 WISCONSIN AVENUE
SUITE 750

CITY/ST/ZIP: BETHESDA, MD 20814-5228

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:	THOMAS M FILE JR MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3880 NORTH SHORE DR		
CITY/ST/ZIP/CO:	AKRON, OH 44304		

NAME:	PATRICK JOSEPH MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES ELECT		
ADDRESS:	5601 NORRIS CANYON RD #220		
CITY/ST/ZIP/CO:	SAN RAMON, CA 94583		

NAME:	WALTER A ORENSTEIN MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	EMORY UNIVERSITY, EMORY VACCINE CENTER 1462 CLIFTON ROAD NE, SUITE 446		
CITY/ST/ZIP/CO:	ATLANTA, GA 30322		

NAME:	GEORGES PETER MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	525 BOYLSTON ST		
CITY/ST/ZIP/CO:	BROOKLINE, MA 02445		

NAME:	WILLIAM SCHAFFNER MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	809 TIMBER LN		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37215		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICIA N. WHITLEY-WILLIAMS, MD	
TITLE:	SECRETARY	
ADDRESS:	ONE ROBERT WOOD JOHNSON PLACE	
	DEPARTMENT OF PEDIATRICS, MEB 306	
CITY/ST/ZIP/CO:	NEW BRUNSWICK, NJ 08903	

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.

<u>/s/ THOMAS M FILE JR MD</u>	<u>THOMAS M FILE JR MD,</u>	<u>9/20/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.