

1.) CORPORATION NAME:

**The University of Virginia Patent Foundation**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT DECKER  
250 W MAIN ST STE 300  
CHARLOTTESVILLE, VA**

SCC ID NO: **01744606**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 250 W MAIN ST  
STE 300

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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:	Erik L. Hewlett	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	1816 WINSTON ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
NAME:	W. Mark Crowell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	V. Chair/Secret		
ADDRESS:	200 GARRETT ST #401		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, NY 22902		
NAME:	Charles Stamm	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 244		
CITY/ST/ZIP/CO:	FREE UNION, VA 22940		
NAME:	Bobbie Kilberg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2214 Rock Hill Road Suite 300		
CITY/ST/ZIP/CO:	Herndon, VA 20170		
NAME:	John Lazo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	409 Lane Road 4072C MR4		
CITY/ST/ZIP/CO:	Charlottesville, VA 22908		
NAME:	Helga Leftwich	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3110 Edwards Mill Road Suite 300		
CITY/ST/ZIP/CO:	Raleigh, NC 27612		

NAME: Brian Pollak TITLE: DIRECTOR ADDRESS: 6724 Kirk Lane CITY/ST/ZIP/CO: Warrenton, VA 20187	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Thomas Skalak TITLE: DIRECTOR ADDRESS: PO Box 400301 CITY/ST/ZIP/CO: Varsity Hall Charlottesville, VA 22903	<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/ Erik L. Hewlett	Erik L. Hewlett, CHAIR	3/13/2014
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.