

1.) CORPORATION NAME:

**THE SOPHRON FOUNDATION**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANIEL R. GROVE  
5550 PAXFORD COURT  
FAIRFAX, VA**

SCC ID NO: **02101905**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4510 MUSTERING DRUM

CITY/ST/ZIP: ELLICOTT CITY, MD 21042

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:	DANIEL ROBERT GROVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5550 PAXFORD COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	KATHRYN ANN HIBSCHMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	331 N. ROSA PARKS WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97217		
NAME:	ROBERT E GROVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4510 MUSTERING DRUM		
CITY/ST/ZIP/CO:	ELLICOTT CITY, MD 21042		
NAME:	CATHERINE GROVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5550 PAXFORD COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	HOPE ELIZABETH GROVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4510 MUSTERING DRUM		
CITY/ST/ZIP/CO:	ELLICOTT CITY, MD 21042		
NAME:	Jesse Batty	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	331 N. ROSA PARKS WAY		
CITY/ST/ZIP/CO:	Portland, OR 97217		

NAME: Jeff Manchio TITLE: DIRECTOR ADDRESS: 921 Nicole Way CITY/ST/ZIP/CO: Whiteland, IN 46184	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Alexis Manchio TITLE: DIRECTOR ADDRESS: 921 Nicole Way CITY/ST/ZIP/CO: Whiteland, IN 46184	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Judy Manchio TITLE: DIRECTOR ADDRESS: 1829 NW Lovejoy Street CITY/ST/ZIP/CO: Portland, OR 97217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Craig Manchio TITLE: DIRECTOR ADDRESS: 1829 NW Lovejoy Street CITY/ST/ZIP/CO: Portland, OR 97217	<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/ DANIEL ROBERT GROVE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL ROBERT GROVE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/22/2013 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.		