

1.) CORPORATION NAME: **THE SOPHRON FOUNDATION** DUE DATE: **10/31/2015**

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: 5550 PAXFORD CT  
 CITY/ST/ZIP: FAIRFAX, VA 22032

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:	ELLCOTT 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:	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:	ELLCOTT CITY, MD 21042		

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
<b>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.</b>		
/s/ DANIEL ROBERT GROVE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL ROBERT GROVE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/25/2016 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.		