

1.) CORPORATION NAME:

**FOUNDATION FOR MANAGEMENT EDUCATION IN  
CENTRALAMERICA**

DUE DATE: **2/28/2013**

SCC ID NO: **03351731**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE WILLIS LOGAN  
1905 FENDALL AVE  
CHARLOTTESVILLE, VA 22903**

5.) STOCK INFORMATION

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

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 639

CITY/ST/ZIP: GLEN ECHO, MD 20812

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:	GEORGE W LOGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 99		
CITY/ST/ZIP/CO:	EARLYSVILLE, VA 22936		

NAME:	LARRY H. SLESINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DEP S/T		
ADDRESS:	BOX 639		
CITY/ST/ZIP/CO:	GLEN ECHO, MD 20812		

NAME:	STEVE CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1821 EDGEWOOD LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	VICTOR BALESTRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ESPIRITO SANTO		
CITY/ST/ZIP/CO:	1395 BRICKELL AVE MIAMI, FL 33131		

NAME:	BRIZIO BIONDI-MORRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SJO 3785, PO BOX 025216		
CITY/ST/ZIP/CO:	1601 NW 97TH AVE MIAMI, FL 33152		

NAME:	ARTURO CONDO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	INCAE, RECTORIA 1358		
CITY/ST/ZIP/CO:	BOX 025216 MIAMI, FL 33102-5216		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO DE SOLA DIRECTOR VIPSAL 752 PO BOX 525 364 MIAMI, FL 33152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACKSON B GILBERT DIRECTOR ESPIRITO SANTO BANK 1395 BRICKELL AVE, 5TH MIAMI, FL 33131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN KAUFMAN PURCELL DIRECTOR 317 JENKINS BLDG 5250 UNIVERSITY DR CORAL GABLES, FL 33146	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WILLIAMS DIRECTOR HOGAN LOVELL 555 13TH STREET NW WASHINGTON, DC 20004	<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/ GEORGE W LOGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE W LOGAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/3/2013 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.			