

1.) CORPORATION NAME: **FOUNDATION FOR MANAGEMENT EDUCATION IN CENTRALAMERICA** DUE DATE: **2/29/2016**
 SCC ID NO: **03351731**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **GEORGE WILLIS LOGAN**
1905 FENDALL AVE
CHARLOTTESVILLE, VA 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
 6101 HARVARD AVE
 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 TITLE: PRESIDENT ADDRESS: PO BOX 99 CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LARRY H. SLESINGER TITLE: DEP S/T ADDRESS: BOX 639 CITY/ST/ZIP/CO: GLEN ECHO, MD 20812	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: STEVE CAMPBELL TITLE: TREASURER ADDRESS: 1821 EDGEWOOD LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: VICTOR BALESTRA TITLE: DIRECTOR ADDRESS: 917 PARADISO AVE CITY/ST/ZIP/CO: CORAL GABLES, FL 33146	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRIZIO BIONDI-MORRA TITLE: DIRECTOR ADDRESS: SJO 3785, PO BOX 025216 1601 NW 97TH AVE CITY/ST/ZIP/CO: MIAMI, FL 33152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ARTURO CONDO TITLE: DIRECTOR ADDRESS: INCAE, RECTORIA 1358 BOX 025216 CITY/ST/ZIP/CO: MIAMI, FL 33102-5216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: FRANCISCO DE SOLA TITLE: DIRECTOR ADDRESS: VIPAL 752 PO BOX 525 364 CITY/ST/ZIP/CO: MIAMI, FL 33152	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SUSAN KAUFMAN PURCELL TITLE: DIRECTOR ADDRESS: 317 JENKINS BLDG 5250 UNIVERSITY DR CITY/ST/ZIP/CO: CORAL GABLES, FL 33146	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL WILLIAMS TITLE: DIRECTOR ADDRESS: HOGAN LOVELL 555 13TH STREET NW CITY/ST/ZIP/CO: 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	GEORGE W LOGAN, PRESIDENT	2/15/2016
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.		