

1.) CORPORATION NAME:

Goodwin House Foundation

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES M SAUNDERS
SAUNDERS & BROWN
8280 GREENSBORO DR STE 601**

SCC ID NO: **03468915**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MCLEAN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4800 FILLMORE AVE

CITY/ST/ZIP: ALEXANDRIA, VA 22311

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:	MS KATHLEEN ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	4800 FILLMORE AVENUE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311		

NAME:	JOAN M RENNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	700 NORTH FAIRFAX STREET STE 400		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	MRS JUDY M BRYAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	7815 MIDDAY LANE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22306		

NAME:	RICHARD K JUERGENS JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6217 SWEETBRIAR DRIVE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407		

NAME:	GANT REDMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	510 KING ST		
CITY/ST/ZIP/CO:	STE 301 ALEXANDRIA, VA 22314		

NAME:	JEANNE G. JACOB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	GOODWIN HOUSE FOUNDATION		
CITY/ST/ZIP/CO:	4800 FILLMORE AVENUE ALEXANDRIA, VA 22311		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN H. KOMOROSKE CHAIR FIN CMTE 3106 CIRCLE HILL ROAD ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L. WHITTLE, II DIRECTOR 711 PRINCESS STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD T. CARTER ASST TREASURER GOODWIN HOUSE INCORPORATED 4800 FILLMORE AVENUE ALEXANDRIA, VA 22311	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARCIA J. SAUMWEBER ASSIST SECRETAR GOODWIN HOUSE FOUNDATION 4800 FILLMORE AVENUE ALEXANDRIA, VA 22311	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C. CANFIELD DIRECTOR BEAN, KINNEY & KORMAN, PC 2300 WILSON BLVD, 7TH FL ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY M. MYERS DIRECTOR 6407 POTOMAC AVENUE ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THE RT. REV. A. THEODORE EASTMAN DIRECTOR GOODWIN HOUSE BAILEY 3440 S JEFFERSON ST, APT. 1481 FALLS CHURCH, VA 22041	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. CLARK CHILDERS DIRECTOR CHERRY, BEKAERT & HOLLAND 1934 OLD GALLOWS ROAD, STE. 400 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD R. CALLOWAY, JR. DIRECTOR 2117 BELLE HAVEN ROAD ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH K. FORBES DIRECTOR 900 LANIER PLACE FALLS CHURCH, VA 22046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDSAY HUTTER DIRECTOR 7106 MARINE DRIVE ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C. EIFFERT DIRECTOR 1418 JULIANA PLACE ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNAN C. WINTERMUTE DIRECTOR 915 VICAR LANE ALEXANDRIA, VA 22302	<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/ MARCIA J.SAUMWEBER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARCIA J.SAUMWEBER, PRINTED NAME AND CORPORATE TITLE	8/30/2013 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.			