

1.) CORPORATION NAME:

**CITIZENS UNITED FOUNDATION**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM J OLSON  
370 MAPLE AVE W STE 4  
VIENNA, VA**

SCC ID NO: **03909181**

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: 1006 PENNSYLVANIA AVENUE SE

CITY/ST/ZIP: WASHINGTON, DC 20003

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:           | DAVID N BOSSIE                    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                         |   |  |
| ADDRESS:        | 1006 PENNSYLVANIA AVE SE          |   |  |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20003              |   |  |
| NAME:           | MICHAEL BOOS                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | VP/S                              |   |  |
| ADDRESS:        | 4103 CHAIN BRIDGE ROAD<br>STE 100 |   |  |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22030                 |   |  |
| NAME:           | BRIAN BERRY                       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |   |  |
| ADDRESS:        | 10707 BULL RIDGE DRIVE            |   |  |
| CITY/ST/ZIP/CO: | AUSTIN, TX 78759                  |   |  |
| NAME:           | KIRBY A WILBUR                    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                         |   |  |
| ADDRESS:        | 13411 78TH PLACE NE               |   |  |
| CITY/ST/ZIP/CO: | KIRKLAND, WA 98034                |   |  |
| NAME:           | John Bliss                        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |   |  |
| ADDRESS:        | 730 Hawthorn Ave                  |   |  |
| CITY/ST/ZIP/CO: | Boulder, CO 80304                 |   |  |
| NAME:           | Ron Robinson                      | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |   |  |
| ADDRESS:        | 110 Elden Street                  |   |  |
| CITY/ST/ZIP/CO: | Herndon, VA 20170                 |   |  |

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/ MICHAEL BOOS   | MICHAEL BOOS, VP/S               | 4/18/2014 |
| 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. |                                  |           |