

1.) CORPORATION NAME:

DUE DATE: **10/29/2010**

American Diabetes Association Research Foundation, Inc.

SCC ID NO: **04356309**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
LARRY HAUSNER**

5.) STOCK INFORMATION

**1701 N BEAUREGARD ST
ALEXANDRIA, VA 22311**

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1701 N BEAUREGARD STREET

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: LARRY HAUSNER
TITLE: CEO
ADDRESS: 1701 N BEAUREGARD STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

OFFICER DIRECTOR

NAME: RALPH YATES, DO
TITLE: CHAIRMAN
ADDRESS: 1701 N BEAUREGARD STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

OFFICER DIRECTOR

NAME: KAREN TALMADGE, PHD
TITLE: VICE CHAIRMAN
ADDRESS: 1701 N BEAUREGARD STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

OFFICER DIRECTOR

NAME: GINGER GRAHAM
TITLE: VICE CHAIRMAN
ADDRESS: 1701 N BEAUREGARD STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

OFFICER DIRECTOR

NAME: DWIGHT HOLING
TITLE: TREASURER
ADDRESS: 1701 N BEAUREGARD STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. VANEEDA BENNETT EXEC VP-DEV 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY BERNSTEIN DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID K BLOOMGARDEN, MD DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS COLE DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEARSON C CUMMIN, III DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD HAMM DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. DANIEL JOHNSON DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEHMOOD KHAN, MD DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ORVILLE G KOLTERMAN DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER K KOMPANIEZ DIRECTOR 1701 N BEAUREGARD STREET ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KARMEEN KULKARNI, MS, RD, BC-ADM, CDE TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH MORITSUGU, MD TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES W QUINN TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT SEVIER, MD TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD J WAGNER TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELLY BRTVA, MPH TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT CAMPBELL, PHD TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<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/ LARRY HAUSNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY HAUSNER, CEO PRINTED NAME AND CORPORATE TITLE
10/6/2010 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.	