

1.) CORPORATION NAME: VIRGINIA RIDGE FOUNDATION INCORPORATED 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANDREW R. COCHRAN 8309 PAUL REVERE CT ANNANDALE, VA	DUE DATE: 3/31/2015 SCC ID NO: 04628590 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8509 PAUL REVERE CT. CITY/ST/ZIP: ANNANDALE, VA 22003
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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: ANDREW RICHARD COCHRAN TITLE: PRESIDENT ADDRESS: 8509 PAUL REVERE CT CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: MARYLOU CARROLL COCHRAN TITLE: VP & S/T ADDRESS: 8509 PAUL REVERE CT. CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ ANDREW RICHARD COCHRAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ANDREW RICHARD COCHRAN, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>2/25/2015</u> DATE
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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.