

1.) CORPORATION NAME:

Meals On Wheels Research Foundation, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.
4445 CORPORATION LANE, 2ND FLOOR
VIRGINIA BEACH, VA 23462**

SCC ID NO: **04820379**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 203 SOUTH UNION ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314-3355

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Rand Ballard	
TITLE:	Senior EVP, COO & CCO	
ADDRESS:	100 North Pointe Center E.	
CITY/ST/ZIP/CO:	Alpharetta, GA 30022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Terri Berry	
TITLE:	CEO	
ADDRESS:	2363 Nave St., SE	
CITY/ST/ZIP/CO:	Massilon, OH 44606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Sandy Campbell	
TITLE:	Owner and VP of HR	
ADDRESS:	7610 SE 162nd Ave.	
CITY/ST/ZIP/CO:	Portland, OR 97236	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Sean Cunat	
TITLE:	DIRECTOR	
ADDRESS:	76304 E. 50th N.	
CITY/ST/ZIP/CO:	Franklin, IN 46131	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Maureen Desmond	
TITLE:	DIRECTOR	
ADDRESS:	7950 Jones Branch Dr.	
CITY/ST/ZIP/CO:	McLean, VA 22108	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Howard Hogan	
TITLE:	DIRECTOR	
ADDRESS:	1050 Connecticut Ave., NW	
CITY/ST/ZIP/CO:	Washington, DC 20036	

NAME: Jim Maglione TITLE: Co-President ADDRESS: 43 Ruane St CITY/ST/ZIP/CO: Fairfield, CT 06824	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Alfred Williams TITLE: Senior VP ADDRESS: 8315 Cantrell Rd. CITY/ST/ZIP/CO: Little Rock, AR 72225	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Kathy Wilson-Gold TITLE: DIRECTOR ADDRESS: 19008 Saddle River Dr. CITY/ST/ZIP/CO: Edmond, OK 73012	<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/ Rand Ballard	Rand Ballard,	3/27/2012
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.		