

1.) CORPORATION NAME: <b>THE JAKE FOUNDATION, INC.</b>	DUE DATE: <b>6/30/2014</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LAW OFFICE OF T MICHAEL JANKOWSKI PLLC          1800 DIAGONAL ROAD          SUITE 320           ALEXANDRIA, VA</b>	SCC ID NO: <b>05050448</b>  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: <b>ALEXANDRIA CITY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1421 PRINCE ST #410  CITY/ST/ZIP: ALEXANDRIA, VA 22314	
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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: JOANNE S BARKER TITLE: P/S/CHAIRPERSON ADDRESS: 1421 PRINCE ST #410 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: BRIAN LESHNER TITLE: TREASURER ADDRESS: 42 STATE CIRCLE CITY/ST/ZIP/CO: ANNAPOLIS, MD 21401	<input checked="" type="checkbox"/> OFFICER	<input 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.

/s/ BRIAN LESHNER	BRIAN LESHNER, TREASURER	11/6/2014
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.