

1.) CORPORATION NAME:

DUE DATE: **7/31/2013**

WOMEN IN SPORTS FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05235866**

**MARCIE LLERA
241 FOXMOOR RD
TROY, VA**

5.) STOCK INFORMATION

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

FLUVANNA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 241 Foxmoor Rd

CITY/ST/ZIP: Troy, VA 22974

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: KATHY SUDDUTH TITLE: TREASURER ADDRESS: 2713 BROOKMERE RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN TURNER TITLE: SECRETARY ADDRESS: 1865 GRAHAM COURT CITY/ST/ZIP/CO: KESWICK, VA 22477	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA LANGDON TITLE: DIRECTOR ADDRESS: 664 HADEN LANE CITY/ST/ZIP/CO: CROZET, VA 22923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sarah Turner TITLE: PRESIDENT ADDRESS: 1865 Graham Court CITY/ST/ZIP/CO: Keswick, VA 22947	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Linda Davis TITLE: DIRECTOR ADDRESS: 6057 Jarman Gap Rd CITY/ST/ZIP/CO: Crozet, VA 22923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marcie Llera TITLE: DIRECTOR ADDRESS: 241 Foxmoor Rd CITY/ST/ZIP/CO: Troy, VA 22974	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Christina Mazzola TITLE: DIRECTOR ADDRESS: 208 Colthurst Dr CITY/ST/ZIP/CO: Charlottesville, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dotty Bohannon TITLE: DIRECTOR ADDRESS: 1036 Cottonwood Rd CITY/ST/ZIP/CO: Charlottesville, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Melissa Dean-McKinney TITLE: DIRECTOR ADDRESS: 1526 Trailridge Rd CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Regina Kirk TITLE: DIRECTOR ADDRESS: 54 Ponderosa Lane CITY/ST/ZIP/CO: Palmyra, VA 22963	<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/ KATHY SUDDUTH	KATHY SUDDUTH, TREASURER	10/29/2013
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.		