

1.) CORPORATION NAME: 5P Foundation	DUE DATE: 12/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GARY D LECLAIR LECLAIRRYAN, A PROFESSIONAL CORPORATION 919 EAST MAIN STREET, 24TH FLOOR RICHMOND, VA	SCC ID NO: 05312582
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8713 BUTTERFIELD AVENUE CITY/ST/ZIP: RICHMOND, VA 23229	
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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: DR MEERA PAHUJA TITLE: PRESIDENT ADDRESS: 300 NORTH ALLEN AVE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: RISHI C PAHUJA TITLE: VP/TREAS ADDRESS: 8713 BUTTERFIELD AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KAMINI G PAHUJA TITLE: SECRETARY ADDRESS: 8713 BUTTERFIELD AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DR KEDAR S MATE TITLE: DIRCTR PROGRAMS ADDRESS: 300 NORTH ALLEN AVE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<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.

/s/ DR MEERA PAHUJA	DR MEERA PAHUJA, PRESIDENT	4/29/2016
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.