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| 1.) CORPORATION NAME: Mid-Atlantic Vipassana Network, Inc. | DUE DATE: 4/30/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JILL LAMAR 110 LOCUST LANE CHARLOTTESVILLE, VA | SCC ID NO: 05386560 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTE COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 110 LOCUST LANE

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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.

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|----------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: CHRISTINA GRAHAM | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 132 PINEVIEW DR | | | | |
| CITY/ST/ZIP/CO: OREGON, OH 43616 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JEFFERY DROBIS | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 4943 BRANDYWINE ST NW | | | | |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20016 | | | | |

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: MAXIMILIAN RUBELL | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CO-PRES | | | | |
| ADDRESS: 438 Ashland Avenue | | | | |
| CITY/ST/ZIP/CO: Santa Monica, CA 90405 | | | | |

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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JILL LAMAR | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CO-PRES | | | | |
| ADDRESS: 1140 East Market Street | | | | |
| CITY/ST/ZIP/CO: #202 Charlottesville, VA 22902 | | | | |

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.

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| /s/ CHRISTINA GRAHAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CHRISTINA GRAHAM, TREASURER PRINTED NAME AND CORPORATE TITLE | 4/28/2014 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.