

1.) CORPORATION NAME:

**NAVY SEAL FOUNDATION, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C ARTHUR ROBINSON II  
CONVERGENCE CENTER IV  
301 BENDIX RD STE 500**

SCC ID NO: **05418702**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**VIRGINIA BEACH, VA 23452**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 5965  
1619 D STREET

CITY/ST/ZIP: VA BEACH, VA 23471

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:	ROBIN R KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	PO BOX 5965		
CITY/ST/ZIP/CO:	VA BEACH, VA 23471		

NAME:	JAMES A SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIREC		
ADDRESS:	4181 EWELL ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME:	DERON J HALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	181 HUDSON STREET 4C		
CITY/ST/ZIP/CO:	NEW YORK, NY 10013		

NAME:	ALBERT M CALLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	10302 GALPIN COURT		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		

NAME:	JAMES QUENTIN BALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 EAST END AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10075		

NAME:	MICHAEL E BAUMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	829 TOPPER LANE		
CITY/ST/ZIP/CO:	LAFAYETTE, CA 94549		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORM CARLEY DIRECTOR PO BOX 5965 VA BEACH, VA 23471	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH V FEMENIA DIRECTOR 10 SAWMILL TERRACE GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CHARLES PAPINEAU DIRECTOR 4661 BLACK STUMP WEEMS, VA 22576	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDAN ROGERS DIRECTOR 1644 POST ROAD DARIEN, CT 06820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C WHITE DIRECTOR 18 BUCKLEY AVENUE SAUSALITO, CA 94965	<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/ ROBIN R KING SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBIN R KING, CFO PRINTED NAME AND CORPORATE TITLE	5/22/2012 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.			