

1.) CORPORATION NAME:

NAVY SEAL FOUNDATION, INC.

DUE DATE: **6/30/2014**

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1619 D STREET

CITY/ST/ZIP: VA BEACH, VA 23459

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 TITLE: CEO ADDRESS: PO BOX 5965 CITY/ST/ZIP/CO: VA BEACH, VA 23471	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DERON J HALEY TITLE: VICE CHAIRMAN ADDRESS: 181 HUDSON STREET CITY/ST/ZIP/CO: NEW YORK, NY 10013	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Garry Bonelli TITLE: CHAIRMAN ADDRESS: 1619 D Street CITY/ST/ZIP/CO: Virginia Beach, VA 23459	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jack Daly TITLE: DIRECTOR ADDRESS: 1619 D Street CITY/ST/ZIP/CO: Virginia Beach, VA 23459	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL E BAUMER TITLE: DIRECTOR ADDRESS: 829 TOPPER LANE CITY/ST/ZIP/CO: LAFAYETTE, CA 94549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH V FEMENIA TITLE: DIRECTOR ADDRESS: 10 SAWMILL TERRACE CITY/ST/ZIP/CO: GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS LYMAN FUSSELL DIRECTOR 1118 SOUTH CAROLINA AVENUE, SE WASHINGTON, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS D HEINZ DIRECTOR 625 LIBERTY AVENUE, STE 3200 PITTSBURGH, PA 15222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES M HERON DIRECTOR 800 DUKE OF SUFFOLK DRIVE VIRGINIA BEACH, VA 23454	<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:	MARCELA L SZYMANSKI DIRECTOR 1361 STEPHENS ROAD VIRGINIA BEACH, VA 23454	<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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tony Duynstee DIRECTOR 1619 D Street Virginia Beach, VA 23459	<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, CEO PRINTED NAME AND CORPORATE TITLE	6/30/2014 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.			