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| 1.) CORPORATION NAME:<br><b>NJCA Foundation for Youth Opportunities</b>   | DUE DATE: <b>6/30/2014</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>MARY SCHELL<br/>5828 BUSH HILL DR<br/>ALEXANDRIA, VA</b> | SCC ID NO: <b>05426622</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>ALEXANDRIA CITY</b>   | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |   |

|   |  |
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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 1023 15TH ST NW<br>STE 200<br><br>CITY/ST/ZIP: WASHINGTON, DC 20005 |  |
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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: JOHN SPARKMAN                  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER                     |                                     |         |                          |          |
| ADDRESS: 1750 16TH STREET NW         |                                     |         |                          |          |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20009 |                                     |         |                          |          |

|                                      |                                     |         |                                     |          |
|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: MARY SCHELL                    | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TRUSTEE                       |                                     |         |                                     |          |
| ADDRESS: 5828 BUSH HILL DR           |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310 |                                     |         |                                     |          |

|                                      |                                     |         |                          |          |
|--------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: JIM SOURWINE                   | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TRUSTEE                       |                                     |         |                          |          |
| ADDRESS: 513 CAPITOL HILL PARTNERS   |                                     |         |                          |          |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20002 |                                     |         |                          |          |

|                                      |                          |         |                                     |          |
|--------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: DAVID MARVENTANO               | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CHAIRMAN                      |                          |         |                                     |          |
| ADDRESS: 403 EAST CAPITOL STREET, SE |                          |         |                                     |          |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20003 |                          |         |                                     |          |

|   |                          |         |                                     |          |
|---|--------------------------|---------|-------------------------------------|----------|
| NAME: Timothy Ford                        | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                           |                          |         |                                     |          |
| ADDRESS: 1023 15th Street NW<br>Suite 200 |                          |         |                                     |          |
| CITY/ST/ZIP/CO: Washington, DC 20005      |                          |         |                                     |          |

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/ Timothy Ford                                    | Timothy Ford, DIRECTOR           | 6/13/2014 |
| 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.