

1.) CORPORATION NAME: **AMERICAN INTELLECTUAL PROPERTY LAW EDUCATION FOUNDATION** DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA** 5.) STOCK INFORMATION  
CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION: **VA**

6.) PRINCIPAL OFFICE ADDRESS:  
ADDRESS: 241 18TH ST S  
STE 700  
CITY/ST/ZIP: ARLINGTON, VA 22202

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: PHILIP HAMPTON<br>TITLE: PAST PRESIDENT<br>ADDRESS: 1825 EYE ST NW<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20006 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: DAVID HIGHET<br>TITLE: PRESIDENT<br>ADDRESS: BECTON DICKINSON<br>1 BECTON DRIVE<br>CITY/ST/ZIP/CO: FRANKLIN LAKES, NJ 07417 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: DIALLO CRENSHAW<br>TITLE: TREASURER<br>ADDRESS: 2100 PENNSYLVANIA AVE NW<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20037 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: W. TODD BAKER<br>TITLE: DIRECTOR<br>ADDRESS: OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT<br>1940 DUKE STREET<br>CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: MARC COHEN<br>TITLE: DIRECTOR<br>ADDRESS: KIRKLAND & ELLIS LLP<br>777 S FIGUERAA ST<br>CITY/ST/ZIP/CO: LOS ANGELES, CA 90017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOHN DELEHANTY<br>DIRECTOR<br>MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO<br>666 THIRD AVENUE<br>NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | GUY DONATIELLO<br>DIRECTOR<br>ENDO PHARMACEUTICALS<br>177 CANTIGUE ROCK ROAD<br>WESTBURY, NY 11590              | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CARL HORTON<br>DIRECTOR<br>GENERAL ELECTRIC<br>3135 EASTON TURNPIKE W3E<br>FAIRFIELD, CT 06825                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | SHARON A. ISRAEL<br>DIRECTOR<br>MAYER BROWN<br>700 LOUISIANA STREET<br>HOUSTON, TX 77002                        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | GEORGE JORDAN III<br>DIRECTOR<br>FULBRIGHT & JAWORSKI LLP<br>1301 MCKINNEY ST SUITE 5100<br>HOUSTON, TX 77010   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DENISE KETTELBERGER<br>DIRECTOR<br>2200 WEST FARGO CENTER<br>90 SOUTH 7TH ST<br>MINNEAPOLIS, MN 55402           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | KATHY KOWALCHYK<br>Secretary<br>3200 IDS CENTER<br>80 SOUTH 8TH STREET<br>MINNEAPOLIS, MN 54402                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | NICHOLAS LEACH<br>DIRECTOR<br>CHEVRON<br>6001 BOLLINGER CANYON RD<br>SAN RAMON, CA 94583                        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | SUSAN MCGAHAN<br>DIRECTOR<br>AT & T<br>DALLAS, TX 75202   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DOUGLAS NORMAN<br>DIRECTOR<br>ELI LILLY<br>839 S. DELEWARE ST<br>INDIANAPOLIS, IN 46225                         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | STASIA L ODGEN<br>DIRECTOR<br>BAXTER HEALTHCARE CORP<br>1 BAXTER PARKWAY<br>DEEFIELD, IL 60015  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ANDREA RYAN<br>DIRECTOR<br>NORTH ADAMS<br>NORTH ADAMS, MA 01247                                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JULE SIGAL<br>DIRECTOR<br>MICROSOFT<br>REDMOND, WA 98052  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | WAYNE SOBON<br>DIRECTOR<br>RAMBUS INC<br>1050 ENTERPRICE DRIVE SUITE 700<br>SUNNYVALE, CA 94089 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | KATHERINE SPELMAN<br>DIRECTOR<br>COBALT<br>918 PARKER ST, BLDG A21<br>BERKLEY, CA 94710         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | FRANCINE WARD<br>DIRECTOR<br>775 EAST BLITHEDALE AVENUE<br>#325<br>MILL VALLEY, CA 94941        | <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/ DAVID HIGHET<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | DAVID HIGHET, PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                                     | 9/3/2013<br>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. |   |                                  |  |