

1.) CORPORATION NAME:

Saint Anselm Institute for Catholic Thought

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
THOMAS M STRASSBURG
735 LOCHRIDGE LANE
EARLYSVILLE, VA 22936**

DUE DATE: **2/29/2012**

SCC ID NO: **05531710**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6432

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-6432

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: JORGE E SECADA
TITLE: PRESIDENT
ADDRESS: PO BOX 400780
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904-

OFFICER

DIRECTOR

NAME: THOMAS STRASSBURG
TITLE: S/T
ADDRESS: 735 LOCHRIDGE LANE
CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936-

OFFICER

DIRECTOR

NAME: ROBERT WILKEN
TITLE: COB
ADDRESS: 1317 FOURTH STREET SW
CITY/ST/ZIP/CO: WASHINGTON, DC 20024-4126

OFFICER

DIRECTOR

NAME: FRANK J RUSSO III
TITLE: DIRECTOR
ADDRESS: 12803 CRAYSTONE CIRCLE
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER

DIRECTOR

NAME: JOHN F MILLER
TITLE: VICE PRESIDENT
ADDRESS: UNIVERSITY OF VIRGINIA
PO BOX 400788
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904-

OFFICER

DIRECTOR

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ROBERT F REDMOND JR | |
| TITLE: | VICE COB OF DIR | |
| ADDRESS: | WILLIAMS MULLEN 1021 EAST CARY STREET | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219- | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOSEPH E DAVIS | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 604 WATSON AVE | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22901- | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ANDREW J KROUSE | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 3269 TURBERRY CIR | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22911- | |

| | | |
|-----------------|--|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MATTHEW W HANTZMON | |
| TITLE: | DIRECTOR | |
| ADDRESS: | DIFFUSION PHARMACEUTICALS 2020 AVON CT #4 | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902- | |

| | | |
|-----------------|--|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | EUGENE SCALIA | |
| TITLE: | DIRECTOR | |
| ADDRESS: | GIBSON DUNN 1050 CONNECTICUT AVE NW | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036- | |

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.

| | | |
|---|----------------------------------|-------------------|
| <u>/s/ THOMAS STRASSBURG</u> | <u>THOMAS STRASSBURG, S/T</u> | <u>12/28/2011</u> |
| 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.