

1.) CORPORATION NAME:

Saint Anselm Institute for Catholic Thought

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05531710**

5.) STOCK INFORMATION

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:	JOHN F MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	UNIVERSITY OF VIRGINIA PO BOX 400788 CHARLOTTESVILLE, VA 22904		
CITY/ST/ZIP/CO:			
NAME:	THOMAS STRASSBURG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	735 LOCHRIDGE LANE EARLYSVILLE, VA 22936		
CITY/ST/ZIP/CO:			
NAME:	ROBERT F REDMOND JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE COB OF DIR		
ADDRESS:	WILLIAMS MULLEN 1021 EAST CARY STREET RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	ROBERT WILKEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	1317 FOURTH STREET SW WASHINGTON, DC 20024-4126		
CITY/ST/ZIP/CO:			
NAME:	JOSEPH E DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	604 WATSON AVE CHARLOTTESVILLE, VA 22901		
CITY/ST/ZIP/CO:			
NAME:	MATTHEW W HANTZMON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DIFFUSION PHARMACEUTICALS 2020 AVON CT #4 CHARLOTTESVILLE, VA 22902		
CITY/ST/ZIP/CO:			

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: FRANK J RUSSO III TITLE: DIRECTOR ADDRESS: 12803 CRAYSTONE CIRCLE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EUGENE SCALIA TITLE: DIRECTOR ADDRESS: GIBSON DUNN CITY/ST/ZIP/CO: 1050 CONNECTICUT AVE NW WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kevin Hart TITLE: VICE PRESIDENT ADDRESS: University of Virginia CITY/ST/ZIP/CO: P.O. Box 400126 Charlottesville, VA 22904	<input checked="" type="checkbox"/> OFFICER <input 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/ THOMAS STRASSBURG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS STRASSBURG, S/T PRINTED NAME AND CORPORATE TITLE	12/20/2012 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.		