

1.) CORPORATION NAME:

Clifford H. "Ted" Rees, Jr. Scholarship Foundation

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN RICHARD YUREK
2111 WILSON BLVD.
SUITE 500**

SCC ID NO: **05667142**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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ARLINGTON, VA 22201

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2111 WILSON BLVD SUITE 500

CITY/ST/ZIP: ARLINGTON, VA 22201

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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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | AJITA RAJENDRA | |
| TITLE: | TREASURER | |
| ADDRESS: | 500 TENNESSEE WALTZ PKWY | |
| CITY/ST/ZIP/CO: | ASHLAND CITY, TN 37015-1234 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MORRISON CARTER | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 38000 BECKETT PKWY | |
| CITY/ST/ZIP/CO: | NORTH RIDGEVILLE, OH 44039-3645 | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAVID MYERS | |
| TITLE: | DIRECTOR | |
| ADDRESS: | P.O. BOX 473, 507 E. MICHIGAN ST. | |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53201-0423 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | STEPHEN R YUREK JR | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 2111 WILSON BLVD STE 500 | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22201 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | William Rafferty | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 260 N. Elm St. | |
| CITY/ST/ZIP/CO: | Westfield, MA 01085 | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | Nicholas Giuffre | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 725 Talamore Drive | |
| CITY/ST/ZIP/CO: | Ambler, PA 19002 | |

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|--|--|--|
| NAME: Harry Holmes TITLE: DIRECTOR ADDRESS: 16900 S. Waterloo Rd. CITY/ST/ZIP/CO: Cleveland, OH 44110 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Robert Wilkins TITLE: DIRECTOR ADDRESS: 11655 Crossroads Cir. CITY/ST/ZIP/CO: Baltimore, MD 21220 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Ray Hoglund TITLE: DIRECTOR ADDRESS: 3005 Highland Pkwy Ste 200 CITY/ST/ZIP/CO: Downers Grove, IL 60515 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Keith Coursin TITLE: DIRECTOR ADDRESS: N120 W18485 Freistadt Rd. CITY/ST/ZIP/CO: Germantown, WI 53022 | <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/ STEPHEN R YUREK JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | STEPHEN R YUREK JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE | 10/19/2012 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. | | |