

1.) CORPORATION NAME:

American College of Bankruptcy Foundation

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JAMES MANSFIELD

4084 UNIVERSITY DR STE 100 A

FAIRFAX, VA 22030-6803

SCC ID NO: **05735832**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PMB 626A 11350 RANDOM HILLS ROAD
SUITE 800

CITY/ST/ZIP: FAIRFAX, VA 22030-

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: | JOEL R OHLGREN | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 1111 CHAPALA | |
| CITY/ST/ZIP/CO: | SANTA BARBARA, CA 93101- | |

| | | |
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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | PATRICIA REDMOND | |
| TITLE: | SECRETARY | |
| ADDRESS: | 150 WEST FLAGLER ST 25TH FLOOR | |
| CITY/ST/ZIP/CO: | MIAMI, FL 33130- | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | RICHARD T PETERS | |
| TITLE: | OFFICER | |
| ADDRESS: | 555 WEST FIFTH ST STE 4000 | |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90013- | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | D JANSING BAKER | |
| TITLE: | DIRECTOR | |
| ADDRESS: | FOUR TIMES SQUARE RM 26-336 | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10036- | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | GEORGE CAUTHEN | |
| TITLE: | DIRECTOR | |
| ADDRESS: | PO BOX 11070 | |
| CITY/ST/ZIP/CO: | COLUMBIA, SC 29211- | |

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|--|--|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RICHARD P. CARMODY DIRECTOR 2100 3RD AVENUE NORTH SUITE 1100 BIRMINGHAM, AL 35203- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL L. COOK DIRECTOR 919 THIRD AVENUE NEW YORK, NY 10022- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LAWRENCE COPPEL DIRECTOR 233 EAST REDWOOD STREET BALTIMORE, MD 21202- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STEVEN COUSINS DIRECTOR ONE METROPOLITAN SQUARE SUITE 2600 ST. LOUIS, MO 63102- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PAUL DALEY DIRECTOR 60 STATE STREET, 25TH FLOOR BOSTON, MA 02109- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARY JO HESTON DIRECTOR 1420 FIFTH AVENUE SUITE 4100 SEATTLE, WA 98101- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | HON. LAUREL MEYERSON ISICOFF DIRECTOR 51 S.W. FIRST AVENUE CHAMBERS ROOM 1411 MIAMI, FL 33130- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ALAN W. KORNBERG DIRECTOR 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID KURTZ DIRECTOR 190 SOUTH LASALLE STREET 31ST FLOOR CHICAGO, IL 60603- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME: STEVEN J. MCCARDELL TITLE: DIRECTOR ADDRESS: 111 EAST BROADWAY, SUITE 900 P.O. BOX 4050 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84110- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: G. CHRISTOPHER MEYER TITLE: DIRECTOR ADDRESS: 127 PUBLIC SQUARE 4900 KEY TOWER CITY/ST/ZIP/CO: CLEVELAND, OH 44114- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: JOHN D. PENN TITLE: DIRECTOR ADDRESS: 201 MAIN STREET SUITE 2200 CITY/ST/ZIP/CO: FORT WORTH, TX 76102- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: HON. DIANE SIGMUND TITLE: DIRECTOR ADDRESS: 618 REVERE ROAD CITY/ST/ZIP/CO: MERION, PA 19066- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: R. PATRICK VANCE TITLE: DIRECTOR ADDRESS: 201 ST. CHARLES AVENUE 49TH FLOOR CITY/ST/ZIP/CO: NEW ORLEANS, LA 70170- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: SHARI BEDKER TITLE: Executive Direc ADDRESS: PMB 626A, 11350 RANDOM HILLS ROAD SUITE 800 CITY/ST/ZIP/CO: FAIRFAX, VA 22030- | <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/ SHARI BEDKER | SHARI BEDKER, Executive Direc | 2/7/2011 |
| 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. | | |