

1.) CORPORATION NAME: St. Joseph's Mission Fund	DUE DATE: 4/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT FRANCIS KELLY JR 4408 ARGONNE DRIVE FAIRFAX, VA 22032-1407	SCC ID NO: 05763313
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4408 Argonne Drive
CITY/ST/ZIP: Fairfax, VA 22032-1407

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: PETER KILCULLEN TITLE: PRESIDENT ADDRESS: 464 S UNION STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ROBERT F KELLY TITLE: Director ADDRESS: 4408 ARGONNE DRIVE CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KATHLEEN MURRAY TITLE: DIRECTOR ADDRESS: 7818 LOBELIA LANE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-3135	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: SALLY J TINDAL TITLE: DIRECTOR ADDRESS: 8705 FALKSTONE LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309-4004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ ROBERT F KELLY	ROBERT F KELLY, Director	3/13/2013
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.