

1.) CORPORATION NAME: Thorney Point Foundation	DUE DATE: 11/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOY CHAMBERS 201 NORTH FAIRFAX ST ALEXANDRIA, VA	SCC ID NO: 05868955
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 409 S WASHINGTON STREET CITY/ST/ZIP: ALEXANDRIA, VA 22314	
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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: SUZANNE S BROCK TITLE: PRES/SEC ADDRESS: 409 S WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DAVID S BROCK TITLE: VICE PRESIDENT ADDRESS: PO BOX 11995 CITY/ST/ZIP/CO: ZEPHYR COVE, NV 90448	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: LISA BROCK TITLE: VICE PRESIDENT ADDRESS: 915 CAMERON ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: GEOFFREY S BROCK TITLE: VICE PRESIDENT ADDRESS: 8224 GREENHOPE SCHOOL ROAD CITY/ST/ZIP/CO: CARY, NC 27519	<input checked="" type="checkbox"/>	OFFICER	<input 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/ SUZANNE S BROCK	SUZANNE S BROCK, PRES/SEC	11/20/2013
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.