

1.) CORPORATION NAME:

NEXT GENERATION CHOICES FOUNDATION, INC.

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM U COUZENS
PO BOX 1801
MIDDLEBURG, VA**

SCC ID NO: **06141683**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1801

CITY/ST/ZIP: MIDDLEBURG, VA 20118

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:	WILLIAM U COUZENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 1801		
CITY/ST/ZIP/CO:	MIDDLEBURG, VA 20118		
NAME:	GREG LAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	310 W 20TH ST STE 300		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64108		
NAME:	THOMAS M SHERMAN MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	296 HARBOR ROAD		
CITY/ST/ZIP/CO:	RYE, NH 03870		
NAME:	JOHN COUZENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	28 CRESTMOOR DR		
CITY/ST/ZIP/CO:	DENVER, CO 80220-5849		
NAME:	DR. MARYANN DONOVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1867 SHAW AVE		
CITY/ST/ZIP/CO:	PITTSBURG, PA 15217		
NAME:	DR. RONALD B HERBERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	INTREXON CORP		
CITY/ST/ZIP/CO:	20358 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876		

NAME: STORMY STOKES HOOD TITLE: DIRECTOR ADDRESS: PO BOX 550 CITY/ST/ZIP/CO: UPPERVILLE, VA 20185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MILES O'BRIAN TITLE: DIRECTOR ADDRESS: 2046 TREASURE COAST CITY/ST/ZIP/CO: PLAZA SUITE A266 VERO BEACH, FL 32960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VERONIQUE PITTMAN TITLE: DIRECTOR ADDRESS: 47 E LAKE DRIVE CITY/ST/ZIP/CO: KATONAH, NY 10536	<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/ WILLIAM U COUZENS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM U COUZENS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/1/2016 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.		