

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212520361

1.) CORPORATION NAME:

**ServiceSource Foundation, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRUCE D WARDINSKI  
6295 EDSALL RD STE 175  
ALEXANDRIA, VA 22312**

SCC ID NO: **06202840**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6295 Edsall Road  
Suite 175

CITY/ST/ZIP: Alexandria, VA 22312

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: Steve Joyce  OFFICER  DIRECTOR  
TITLE: VICE CHAIR  
ADDRESS: 10750 Columbia Pike  
CITY/ST/ZIP/CO: Silver Spring, MD 20901

NAME: Bruce Wardinski  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 6295 Edsall Road  
CITY/ST/ZIP/CO: Suite 175  
Alexandria, VA 22312

NAME: Janet Samuelson  OFFICER  DIRECTOR  
TITLE: CEO  
ADDRESS: 6295 Edsall Road  
CITY/ST/ZIP/CO: Suite 175  
Alexandria, VA 22312

NAME: David Hunke  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 7950 Jones Branch Drive  
CITY/ST/ZIP/CO: McLean, VA 22108

NAME: Nino Vaghi  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 1749 Old Meadow Road  
CITY/ST/ZIP/CO: Suite 100  
McLean, VA 22102

NAME: James Francis  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 7328 Kent Point Road  
CITY/ST/ZIP/CO: Stevensville, MD 21666

NAME: J. Warren Gorrell TITLE: DIRECTOR ADDRESS: 555 13 Street CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bob McCarthy TITLE: DIRECTOR ADDRESS: 10400 Fernwood Road CITY/ST/ZIP/CO: Bethesda, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dale Powell TITLE: DIRECTOR ADDRESS: 1921 Gallows Road Suite 700 CITY/ST/ZIP/CO: Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ralph Shrader TITLE: DIRECTOR ADDRESS: 13200 Woodland Park Road CITY/ST/ZIP/CO: Herdon, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Hodge TITLE: CFO ADDRESS: 6295 Edsall Road Suite 175 CITY/ST/ZIP/CO: Alexandria, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input 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/ Janet Samuelson	Janet Samuelson, CEO	5/31/2012
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.		