

1.) CORPORATION NAME:

ServiceSource Foundation, Inc.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06202840**

5.) STOCK INFORMATION

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: 10467 White Granite Drive

CITY/ST/ZIP: Oakton, VA 22124

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:	NINO VAGHI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1749 OLD MEADOW ROAD		
CITY/ST/ZIP/CO:	SUITE 100 MCLEAN, VA 22102		
NAME:	STEVE JOYCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	10750 COLUMBIA PIKE		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20901		
NAME:	BRUCE WARDINSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6295 EDSALL ROAD		
CITY/ST/ZIP/CO:	SUITE 175 ALEXANDRIA, VA 22312		
NAME:	DAVID HODGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	6295 EDSALL ROAD		
CITY/ST/ZIP/CO:	SUITE 175 ALEXANDRIA, VA 22312		
NAME:	JANET SAMUELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6295 EDSALL ROAD		
CITY/ST/ZIP/CO:	SUITE 175 ALEXANDRIA, VA 22312		
NAME:	JAMES FRANCIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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: DAVID HUNKE TITLE: DIRECTOR ADDRESS: 7950 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22108	<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
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/ DAVID HODGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID HODGE, CFO PRINTED NAME AND CORPORATE TITLE	5/27/2015 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.		