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| 1.) CORPORATION NAME: Wounded Warrior Project, Inc. | DUE DATE: 2/28/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET | SCC ID NO: 06325203 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND, VA | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4899 BELFORT ROAD
SUITE 300

CITY/ST/ZIP: JACKSONVILLE, FL 32256

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.

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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: DAWN HALFAKER | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 4899 BELFORT ROAD | | | | |
| CITY/ST/ZIP/CO: STE 300 JACKSONVILLE, FL 32256 | | | | |

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|---|-------------------------------------|---------|--------------------------|----------|
| NAME: ANTHONY PRINCIPI | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 4899 BELFORT ROAD | | | | |
| CITY/ST/ZIP/CO: STE 300 JACKSONVILLE, FL 32256 | | | | |

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|---|-------------------------------------|---------|--------------------------|----------|
| NAME: ANTHONY ODIERNO | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 4899 BELFORT ROAD | | | | |
| CITY/ST/ZIP/CO: STE 300 JACKSONVILLE, FL 32256 | | | | |

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|---|-------------------------------------|---------|--------------------------|----------|
| NAME: RONALD W. BURGESS | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 4899 BELFORT ROAD | | | | |
| CITY/ST/ZIP/CO: STE 300 JACKSONVILLE, FL 32256 | | | | |

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.

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| /s/ RONALD W. BURGESS | RONALD W. BURGESS, | 1/29/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | TREASURER 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.