

1.) CORPORATION NAME:

**ROLLS-ROYCE EMPLOYEE DISASTER RELIEF FUND**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **06440465**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1875 EXPLORER COURT  
SUITE 200

CITY/ST/ZIP: RESTON, VA 20190

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:	BRIDGET SEDLOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1875 EXPLORER ST.		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	DANNY SZCZYRBA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1875 EXPLORER ST.		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	MICHAEL ELLIOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1875 EXPLORER ST.		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	MARY S SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1875 EXPLORER STREET		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	THOMAS P DALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1875 EXPLORERE STREET		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	KIRK LARSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1875 EXPLORER ST, #200		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:                    WILLIAM POWERS TITLE:                    DIRECTOR ADDRESS:                1875 EXPLORER ST. CITY/ST/ZIP/CO:        RESTON, VA 20190	<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/ MARY S SULLIVAN	MARY S SULLIVAN, SECRETARY	9/24/2013
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.		