

1.) CORPORATION NAME: <b>Foster Youth Transition Foundation</b>	DUE DATE: <b>11/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MALIA SIMON KISHORE 11555 TRALEE DR GREAT FALLS, VA</b>	SCC ID NO: <b>06484208</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11555 TRALEE DR

CITY/ST/ZIP: GREAT FALLS, VA 22066

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: MALIA KISHORE TITLE: PRESIDENT ADDRESS: 11555 TRALEE DR CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: LISA A BALATBAT TITLE: VP/T ADDRESS: 24 DRACO DR CITY/ST/ZIP/CO: SEWELL, NJ 08080	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: RUTH EISENHOUR TITLE: DIRECTOR ADDRESS: 104 WOODLAND DR CITY/ST/ZIP/CO: BEL AIR, MD 21014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: AMY B SCHUETTE TITLE: SECRETARY ADDRESS: 3901 DANCE MILL RD CITY/ST/ZIP/CO: PHOENIX, MD 21131	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ MALIA KISHORE	MALIA KISHORE, PRESIDENT	10/4/2013
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.