

1.) CORPORATION NAME:

Former Agents of the F.B.I. Foundation

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CRAIG L RASCOE
WILLIAMS MULLEN
200 SOUTH 10TH STREET, SUITE 1600**

SCC ID NO: **06518062**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3717 FETTLER PARK DR

CITY/ST/ZIP: DUMFRIES, VA 22025

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:	BRADLEY B BENSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	12141 Darnley Rd		
CITY/ST/ZIP/CO:	Woodbridge, VA 22192		
NAME:	ALFRED W SCUDIERI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Soc. President		
ADDRESS:	4830 W Kennedy Blvd Ste 550		
CITY/ST/ZIP/CO:	Tampa, FL 33609		
NAME:	CLARENCE H CAMPBELL, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Trustee		
ADDRESS:	12414 Pomerado Pl.		
CITY/ST/ZIP/CO:	San Diego, CA 92128		
NAME:	John F Mencer	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	22 Tamarade Drive		
CITY/ST/ZIP/CO:	Littleton, CO 80127		
NAME:	James T Burns	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	309 Onyx Ave		
CITY/ST/ZIP/CO:	Newport Beach, CA 92662		
NAME:	Ellen Glasser	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Soc. Pres Elec		
ADDRESS:	PO Box 330510		
CITY/ST/ZIP/CO:	Atlantic Beach, FL 32233		

NAME: Joe Louie TITLE: Trustee ADDRESS: PO Box 129 CITY/ST/ZIP/CO: Richland, WA 99352	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ralph Perrigo TITLE: Trustee ADDRESS: 808 Lindenhall Circle CITY/ST/ZIP/CO: Knoxville, TN 37934	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Burton H Jensen TITLE: Trustee ADDRESS: 1336 Shire Circle CITY/ST/ZIP/CO: Inverness, IL 60067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hilda Kogut TITLE: Trustee ADDRESS: 20 Pine Knoll Ct. CITY/ST/ZIP/CO: Chestnut Ridge, NY 10952	<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/ BRADLEY B BENSON	BRADLEY B BENSON, CHAIRMAN	2/1/2013
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.		