

1.) CORPORATION NAME:

Global Child Nutrition Foundation, Inc.

DUE DATE: **5/31/2011**

SCC ID NO: **06593370**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 WATERFRONT ST
STE 300

CITY/ST/ZIP: NATIONAL HARBOR, MD 20745-1142

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GENE WHITE			
TITLE:	PRESIDENT			
ADDRESS:	4847 GEDNEY VIEW LANE			
CITY/ST/ZIP/CO:	CLINTON, WA 98236-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	PENNY MCCONNELL			
TITLE:	TREASURER			
ADDRESS:	6840 INDUSTRIAL ROAD			
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22151-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	STANLEY GARNETT			
TITLE:	EXEC DIRECTOR			
ADDRESS:	120 WATERFRONT ST STE 300			
CITY/ST/ZIP/CO:	NATIONAL HARBOR, MD 20745-1142			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SUSAN NEELY			
TITLE:	PRESIDENT			
ADDRESS:	AMERICAN BEVERAGE ASSOC. 1101 SIXTEENTH ST NW			
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	EMMANUEL OHENE AFOAKWA			
TITLE:	DIRECTOR			
ADDRESS:	PO BOX LG 134			
CITY/ST/ZIP/CO:	LEGON ACCRA, -, GHANA			

NAME: DANIEL SILVA BALABAN TITLE: DIRECTOR ADDRESS: 21 SALA 1102 POSTAL 9664 CITY/ST/ZIP/CO: CAIXA, -, BRAZIL	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JIM CLOUGH TITLE: DIRECTOR ADDRESS: 8500 NORMANDALE LAKE BLVD CITY/ST/ZIP/CO: BLOOMINGTON, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELE FITE TITLE: DIRECTOR ADDRESS: 4300 DUNCAN AVENUE CITY/ST/ZIP/CO: ST. LOUIS, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ULLA HOLM TITLE: DIRECTOR ADDRESS: PO BOX 3627 SE-103 59 CITY/ST/ZIP/CO: STOCKHOLM, -, SWEDEN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EILEEN KENNEDY TITLE: DIRECTOR ADDRESS: 150 HARRISON AVENUE CITY/ST/ZIP/CO: BOSTON, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOANNE KINSEY TITLE: DIRECTOR ADDRESS: 1021 GREAT BRIDGE BLVD CITY/ST/ZIP/CO: CHESAPEAKE, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD KLEINMAN TITLE: DIRECTOR ADDRESS: 175 CAMBRIDGE STREET CITY/ST/ZIP/CO: BOSTON, VA -	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LLOYD LE PAGE TITLE: DIRECTOR ADDRESS: AVENUE AGROPOLIS F-34394 CITY/ST/ZIP/CO: MONTPELLIER, -, FRANCE	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARSHALL MATZ TITLE: DIRECTOR ADDRESS: 600 NEW HAMPSHIRE AVE SUITE 500 CITY/ST/ZIP/CO: WASHINGTON, VA -	<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/ STANLEY GARNETT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STANLEY GARNETT, EXEC _____ DIRECTOR PRINTED NAME AND CORPORATE TITLE
9/27/2011 _____ 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.	