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| 1.) CORPORATION NAME: J STREET CUP | DUE DATE: 8/31/2015 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: 06630669 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: NATIONAL REGISTERED AGENTS INC.
201 N. UNION ST., STE 140

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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: MATHIEU ROSKOVENSKY | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 805 15TH ST, NW STE 300 | | | | |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20005 | | | | |

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|--------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: B R MCCONNON | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 805 15TH ST, NW, STE 300 | | | | |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20005 | | | | |

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|---|--------------------------|---------|-------------------------------------|----------|
| NAME: FRANK L SKIP BOWMAN | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 13614 QUERY MILL RD | | | | |
| CITY/ST/ZIP/CO: NORTH POTOMAC, MD 20878 | | | | |

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|--------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: MIKE ZARELLI | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 214 MASSACHUSETTS AVE NE | | | | |
| STE 210 | | | | |
| CITY/ST/ZIP/CO: WASHINGTON, DC 20002 | | | | |

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/ MATHIEU ROSKOVENSKY | MATHIEU ROSKOVENSKY, | 8/7/2015 |
| 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.