

1.) CORPORATION NAME: <b>McColgan Family Foundation</b>	DUE DATE: <b>8/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>WAYNE M ZELL ODIN FELDMAN &amp; PITTLEMAN PC 1775 WIEHLE AVENUE STE 400 RESTON, VA</b>	SCC ID NO: <b>06634893</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: 2380 ATOKA ROAD  CITY/ST/ZIP: MARSHALL, VA 20115	
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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: BETHANN KASNA LAIGN-BEEMAN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 2380 ATOKA ROAD				
CITY/ST/ZIP/CO: MARSHALL, VA 20115				

NAME: RANDY BEEMAN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 2380 ATOKA ROAD				
CITY/ST/ZIP/CO: MARSHALL, VA 20115				

NAME: MARGARET MCCOLGAN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 67 JOHNSON LN				
CITY/ST/ZIP/CO: BAYSHORE, NY 11706				

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/ BETHANN KASNA LAIGN-BEEMAN	BETHANN KASNA LAIGN-BEEMAN, PRESIDENT	8/17/2015
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.