

1.) CORPORATION NAME: **FOUR CORNERS FOUNDATION, Inc.** DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **HIE C KIM** SCC ID NO: **06663884**

**8925 BURKE LAKE RD
SPRINGFIELD, VA 22151-1115**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8925 BURKE LAKE ROAD
 CITY/ST/ZIP: SPRINGFIELD, VA 22151-1115

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: HIE C KIM TITLE: DIR/OFFICER ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEA J KIM TITLE: DIR/OFFICER ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN T CHA TITLE: DIRECTOR ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEANNE J CHA TITLE: DIRECTOR ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALBERT H. KIM TITLE: DIRECTOR ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH KIM TITLE: DIRECTOR ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BYUNGKI KIM TITLE: DIRECTOR ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: CHRISTINA M KIM TITLE: DIRECTOR ADDRESS: 8925 BURKE LAKE ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-1115	<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/ HIE C KIM	HIE C KIM, DIR/OFFICER	8/28/2012
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.