

1.) CORPORATION NAME:

**FOUR CORNERS FOUNDATION, Inc.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HIE C KIM  
8925 BURKE LAKE RD  
SPRINGFIELD, VA**

SCC ID NO: **06663884**

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

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

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

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

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

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

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	9/13/2014
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.