

1.) CORPORATION NAME: <b>Mater Ecclesiae Fund for Vocations, Inc.</b>	DUE DATE: <b>11/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>COREY HUBER 9239 OLD GREEN MOUNTAIN ROAD ESMONT, VA</b>	SCC ID NO: <b>06679781</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALBEMARLE 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: 9243 OLD GREEN MOUNTAIN ROAD

CITY/ST/ZIP: ESMONT, VA 22937

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: COREY HUBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 9239 OLD GREEN MOUNTAIN ROAD			
CITY/ST/ZIP/CO: ESMONT, VA 22937			

NAME: KATHERINE HUBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: S/T			
ADDRESS: 9239 OLD GREEN MOUNTAIN ROAD			
CITY/ST/ZIP/CO: ESMONT, VA 22937			

NAME: BRIAN BASHISTA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 200 N. GLEBE ROAD			
CITY/ST/ZIP/CO: ARLINGTON, VA 22203			

NAME: ANNE FOLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 116 6TH STREET, N.E.			
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.

/s/ KATHERINE HUBER	KATHERINE HUBER, S/T	9/25/2013
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.