

1.) CORPORATION NAME:

BBB Institute for Marketplace Trust

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD P WOODS
BBB INSTITUTE FOR MARKETPLACE TRUST
3033 WILSON BLVD., SUITE 600**

SCC ID NO: **06748537**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3033 WILSON BLVD
STE 600

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	SUSAN KEARNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3033 WILSON BLVD STE 600		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	MR DAVID WEISS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3033 WILSON BLVD STE 600		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	Ken Carroll	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3033 Wilson Blvd., Suite 600		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	Edwin Welch	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3033 Wilson Blvd., Suite 600		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	Steve Delfin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3033 Wilson Blvd., Suite 600		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME:	Kip Morse	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3033 Wilson Blvd., Suite 600		
CITY/ST/ZIP/CO:	Arlington, VA 22201		

NAME: Dana Rosenfeld TITLE: DIRECTOR ADDRESS: 3033 Wilson Blvd., Suite 600 CITY/ST/ZIP/CO: Arlington, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Carol Wilner TITLE: DIRECTOR ADDRESS: 3033 Wilson Blvd., Suite 600 CITY/ST/ZIP/CO: Arlington, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Joe Dillon TITLE: ASST TREASURER ADDRESS: 3033 Wilson Blvd., Suite 600 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Richard Woods TITLE: ASST SECRETARY ADDRESS: 3033 Wilson Blvd., Suite 600 CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input 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/ Richard Woods	Richard Woods, ASST SECRETARY	4/3/2013
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.		