

1.) CORPORATION NAME:

Society of Radiologists in Ultrasound Foundation

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS R HOFFMAN
1891 PRESTON WHITE DR
RESTON, VA**

SCC ID NO: **06835862**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1891 PRESTON WHITE DRIVE

CITY/ST/ZIP: RESTON, VA 20191-4397

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:	DOUGLAS L BROWN MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES ELECT		
ADDRESS:	MAYO CLINIC COLLEGE OF MEDICINE		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55905		
NAME:	PETER M DOUBLILET MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	IMM PAST PRES		
ADDRESS:	BRIGHAN WOMENS HOSP		
CITY/ST/ZIP/CO:	BOSTON, MA 02115		
NAME:	ULRIKE M HAMPER MD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1800 ORLEANS STREET		
CITY/ST/ZIP/CO:	SUITE 4030A BALTIMORE, MD 21287		
NAME:	JOHN J CRONAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	DEPT OF DIAGNOSTIC IMAGING		
CITY/ST/ZIP/CO:	6 ATLANTIC CROSSING BARRINGTON, RI 02806-2358		
NAME:	BERYL BENACERRAF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 PERKINS STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02130-4313		
NAME:	BEVERLY G COLEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	UNIV PENN MEDICAL CENTER		
CITY/ST/ZIP/CO:	3400 SPRUCE ST PHILADELPHIA, PA 19104-4206		

NAME: LENNARD D GREENBAUM, MD TITLE: DIRECTOR ADDRESS: 1795 WILLIGHAM RD CITY/ST/ZIP/CO: OVIEDO, FL 32766	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BERYL R BENACERRAF, MD TITLE: DIRECTOR ADDRESS: DIAG ULTRASOUND ASSOCIATES CITY/ST/ZIP/CO: 1 BROOKLINE PLACE, STE. 506 BROOKLINE, MA 02445-7277	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GARY J WHITMAN, MD TITLE: DIRECTOR ADDRESS: MD ANDERSON CANCER CENTER CITY/ST/ZIP/CO: 1515 HOLCOMBE BLVD HOUSTON, TX 77230-1439	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SUSAN ROBERTS TITLE: EXEC DIRECTOR ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<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/ SUSAN ROBERTS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN ROBERTS, EXEC DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE	9/30/2013 _____ 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.		