

1.) CORPORATION NAME:

DUE DATE: **10/29/2010**

Medical Care for Children Partnership Foundation

SCC ID NO: **06845465**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
THERESA OHARA LAVOIE
6377 LANDESS ST
ALEXANDRIA, VA 22312**

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: 1616 ANDERSON ROAD

CITY/ST/ZIP: MCLEAN, VA 22102-

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: TERRY O'HARA LAVOIE
TITLE: BOARD PRESIDENT
ADDRESS: 6377 LANDESS ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

OFFICER DIRECTOR

NAME: HARRY KLAFF
TITLE: DIRECTOR
ADDRESS: 1600 TYSONS BLVD
STE 1000
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: MICHAEL LINCOLN
TITLE: DIRECTOR
ADDRESS: 11951 FREEDOM DRIVE
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER DIRECTOR

NAME: MARK LOWHAM
TITLE: DIRECTOR
ADDRESS: 1600 ANDERSON ROAD
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: PHILIP MARCUM
TITLE: DIRECTOR
ADDRESS: 10904 SHALLOW CREEK DRIVE
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER 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.

<u>/s/ TERRY O'HARA LAVOIE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TERRY O'HARA LAVOIE, BOARD PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>11/17/2010</u> DATE
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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.