

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

**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

NAME: STEVE BALISTRERI TITLE: DIRECTOR ADDRESS: 1750 TYSONS BLVD CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SEAN MCDERMOTT TITLE: PRESIDENT ADDRESS: 2300 CORPORATE PARK DR., STE. 400 CITY/ST/ZIP/CO: HERNDON, VA 20171-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROSA ARNOLDSON TITLE: DIRECTOR ADDRESS: 4712 WAKEFIELD CHAPEL ROAD CITY/ST/ZIP/CO: ANNANDALE, VA 22003-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SID BANERJEE TITLE: DIRECTOR ADDRESS: 11400 COMMERCE PARK DRIVE STE. 500 CITY/ST/ZIP/CO: RESTON, VA 20191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PENNY BLADICH TITLE: DIRECTOR ADDRESS: 8270 GREENSBORO DRIVE, STE. 500 CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALAN HARBITTER TITLE: DIRECTOR ADDRESS: 1501 N. HIGHLAND STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY MEIL TITLE: DIRECTOR ADDRESS: 12425 RIVERS EDGE DRIVE CITY/ST/ZIP/CO: POTOMAC, VA 20854-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KELLIE SCHROEDER TITLE: DIRECTOR ADDRESS: 8614 WESTWOOD CENTER DR, #700 CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENT THIBODEAUX TITLE: DIRECTOR ADDRESS: 11445 SUNSET HILLS ROAD CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRACEY WHITE TITLE: DIRECTOR ADDRESS: 1800 TOWN CENTER DRIVE, STE. 320 CITY/ST/ZIP/CO: RESTON, VA 20190-	<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.

<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>2/15/2012</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.