

1.) CORPORATION NAME:

Medical Care for Children Partnership Foundation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PENNY BLADICH
CARDINAL BANK
8270 GREENSBORO DRIVE, SUITE 500

MCLEAN, VA**

SCC ID NO: **06845465**

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:	ALAN HARBITTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1501 N. HIGHLAND STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	PENNY BLADICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8270 GREENSBORO DRIVE, STE. 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME:	SEAN MCDERMOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2300 CORPORATE PARK DR., STE. 400		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME:	STEVE BALISTRERI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1750 TYSONS BLVD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	SID BANERJEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11400 COMMERCE PARK DRIVE STE. 500		
CITY/ST/ZIP/CO:	RESTON, VA 20191		

NAME:	CINDY SIMONS BENNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12812 HOLLY GROVE CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDUARDO FOX, MD DIRECTOR 6565 ARLINGTON BLVD, STE. 210 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA M. IVEY DIRECTOR 10503-A BRADDOCK ROAD FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRAD JETER DIRECTOR 1650 TYSONS BLVD, STE. 1000 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY KLAFF DIRECTOR 1600 TYSONS BLVD STE 1000 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY O'HARA LAVOIE DIRECTOR 6377 LANDESS ST ALEXANDRIA, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LINCOLN DIRECTOR 11951 FREEDOM DRIVE RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK MASON, MD DIRECTOR 14225 NEWBROOK DR CHANTILLY, VA 20151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY MEIL DIRECTOR 12425 RIVERS EDGE DRIVE POTOMAC, VA 20854	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLIE SCHROEDER DIRECTOR 8614 WESTWOOD CENTER DR, #700 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENT THIBODEAUX, MD DIRECTOR 11445 SUNSET HILLS ROAD RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACEY WHITE DIRECTOR 1800 TOWN CENTER DRIVE, STE. 320 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JENNIFER SICILIANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8110 Gatehouse Road, 200 East		
CITY/ST/ZIP/CO:	Falls Church, VA 22042		

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/ ALAN HARBITTER	ALAN HARBITTER, PRESIDENT	10/10/2013
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.