

1.) CORPORATION NAME:

**THE PODIUM FOUNDATION**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID L. ROBBINS  
320 HULL ST., #153  
RICHMOND, VA**

SCC ID NO: **07020324**

5.) STOCK INFORMATION

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

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 320 HULL ST.,#153

CITY/ST/ZIP: RICHMOND, VA 23224

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:	EDWARD L. COOK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	320 HULL ST., #153		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224		
NAME:	THOMAS MCNEIL, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	320 HULL ST., #153		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224		
NAME:	DAVID L ROBBINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR EMERITUS		
ADDRESS:	320 Hull St., #153		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224		
NAME:	VICTORIA S. OAKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 HULL ST, #153		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224		
NAME:	BROOKS M. SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 HULL ST		
CITY/ST/ZIP/CO:	153 RICHMOND, VA 23224		
NAME:	MICHAEL TEEGARDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 HULL ST		
CITY/ST/ZIP/CO:	153 RICHMOND, VA 23224		

NAME: MICHAEL PAUL WILLIAMS TITLE: DIRECTOR ADDRESS: 320 HULL ST 153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SUSAN WINIECKI TITLE: DIRECTOR ADDRESS: 320 HULL ST, #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Lawrence Muir, III TITLE: PRESIDENT ADDRESS: 320 Hull St., #153 CITY/ST/ZIP/CO: Richmond, VA 23224	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Nancy Lester TITLE: DIRECTOR ADDRESS: 320 Hull St., #153 CITY/ST/ZIP/CO: Richmond, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Kim Bridges TITLE: DIRECTOR ADDRESS: 320 Hull St., #153 CITY/ST/ZIP/CO: Richmond, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Edward Reddick TITLE: PRESIDENT ADDRESS: 320 Hull St., #153 CITY/ST/ZIP/CO: Richmond, VA 23224	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Scott Hammer TITLE: DIRECTOR ADDRESS: 320 Hull St., #153 CITY/ST/ZIP/CO: Richmond, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Phillip Walker TITLE: DIRECTOR ADDRESS: 320 Hull St., #153 CITY/ST/ZIP/CO: Richmond, VA 23224	<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/ DAVID L ROBBINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID L ROBBINS, CHAIR EMERITUS PRINTED NAME AND CORPORATE TITLE	3/28/2013 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.				