

1.) CORPORATION NAME: **THE PODIUM FOUNDATION** DUE DATE: **11/30/2013**

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: LAWRENCE MUIR, III 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: TREASURER ADDRESS: 320 HULL ST., #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD L. COOK TITLE: DIRECTOR ADDRESS: 320 HULL ST., #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS MCNEIL, III TITLE: CHAIRMAN ADDRESS: 320 HULL ST., #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID L ROBBINS TITLE: CHAIR EMERITUS ADDRESS: 320 HULL ST., #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input checked="" 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: SCOTT HAMMER TITLE: VICE CHAIRMAN 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: VICTORIA S. OAKLEY TITLE: DIRECTOR ADDRESS: 320 HULL ST, #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL TEEGARDEN TITLE: DIRECTOR ADDRESS: 320 HULL ST 153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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: Deanna Lorianni TITLE: SECRETARY ADDRESS: 320 HULL ST., #153 CITY/ST/ZIP/CO: RICHMOND, VA 23224	<input checked="" 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	12/30/2013 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.				