

1.) CORPORATION NAME:

**The Westminster Institute**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KATHERINE C GORKA  
1250 PINE HILL RD  
MCLEAN, VA**

SCC ID NO: **07075385**

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: 6729 CURRAN ST

CITY/ST/ZIP: MCLEAN, VA 22101

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:	BRENDA DOBBS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1575 INLET COURT		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	ANNA BEKELE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	1418 Ingleside Avenue		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	PATRICK SOOKHDEO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	THE OLD RECTORY		
CITY/ST/ZIP/CO:	, , FN		
NAME:	ALBRECHT HAUSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	KIRCHENRAT I-R FRIEDERICHSTR		
CITY/ST/ZIP/CO:	, , FN		
NAME:	CAROLINE J C KERSLAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	THE OLD RECTORY		
CITY/ST/ZIP/CO:	, , FN		
NAME:	ROBERT R. REILLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8216 STONEWALL DRIVE		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		

NAME:	ROSEMARY SOOKHDEO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 RIVER STREET		
CITY/ST/ZIP/CO:	PEWSEY,WILTSH,SN9 5,UNITED KINGDOM (GREAT BRI , , FN		

NAME:	STEPHEN ULPH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	28 THE STREET		
CITY/ST/ZIP/CO:	WITERSHAM,KENT,TN30 ,UNITED KINGDOM (GREAT B , , FN		

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/ ANNA BEKELE	ANNA BEKELE, EXEC DIRECTOR	5/27/2014
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.