

1.) CORPORATION NAME:

THE IRONJEN FOUNDATION

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAKEISHA HUNTER
1804 WEST ABINGDON DRIVE #201
ALEXANDRIA, VA 22314**

SCC ID NO: **07309222**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1804 WEST ABINGDON DRIVE #201

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	JENNIFER TALLMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	1305 LINDEN COURT NE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	JOHN GLOSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	412 NORTH JORDAN STREET #103		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		
NAME:	LAKEISHA HUNTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1804 WEST ABINGDON DRIVE #201		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	EILEEN PORTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8271 HIGHLAND STREET		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	LINDA PRACHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8573 BURLINGTON COURT		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		
NAME:	LARISSA SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5801 FRANCONIA ROAD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME: TESSICA TALLMAN TITLE: DIRECTOR ADDRESS: 2421 27TH TERRACE CITY/ST/ZIP/CO: LAWRENCE, KS 66046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DONALD CW TILLMAN TITLE: DIRECTOR ADDRESS: 4921 SEMINARY ROAD #917 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/	,	12/11/2012
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.