

1.) CORPORATION NAME: **AAMI Foundation, Inc.** DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **MARY LOGAN**
4301 N FAIRFAX DRIVE STE 301
ARLINGTON, VA SCC ID NO: **07312739**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4301 N. FAIRFAX DR.
 SUITE 301

CITY/ST/ZIP: ARLINGTON, VA 22203

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: MARY LOGAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: PRESIDENT | | |
| ADDRESS: 4301 N FAIRFAX DR STE 301 | | |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | | |

| | | |
|-------------------------------------|---------------------------------------------|----------------------------------------------|
| NAME: RAY LAXTON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: VICE CHAIRMAN | | |
| ADDRESS: 4301 N FAIRFAX DR STE 301 | | |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | | |

| | | |
|-------------------------------------|---------------------------------------------|----------------------------------------------|
| NAME: CHARLES PHIL COGDILL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: TREASURER | | |
| ADDRESS: 4301 N FAIRFAX DR STE 301 | | |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | | |

| | | |
|-------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: PAUL KELLEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 | | |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | | |

| | | |
|-------------------------------------|----------------------------------|----------------------------------------------|
| NAME: MARCY PETRINI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 4301 N FAIRFAX DR STE 301 | | |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | | |

| | | |
|-------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: WILLIAM GLENN SCALES | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 | | |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------|
| NAME: VICKIE SNYDER TITLE: DIRECTOR ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: STEVEN YELTON TITLE: DIRECTOR ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: Michael Scholla TITLE: CHAIRMAN ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: Davis Schlotterbeck TITLE: DIRECTOR ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: Benjamin Bulkley TITLE: DIRECTOR ADDRESS: 4301 N. FAIRFAX DR. SUITE 301 CITY/ST/ZIP/CO: ARLINGTON, VA 22203 | <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/ MARY LOGAN | MARY LOGAN, PRESIDENT | 11/14/2013 |
| 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. | | |