

1.) CORPORATION NAME: Inova Translational Medicine Institute	DUE DATE: 3/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES KIM 8110 GATEHOUSE RD STE 200 EAST FALLS CHURCH, VA	SCC ID NO: 07485063
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8110 GATEHOUSE RD SUITE 200 EAST TOWER CITY/ST/ZIP: FALLS CHURCH, VA 22042	
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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: KNOX SINGLETON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 8110 GATEHOUSE ROAD SUITE 200 EAST TOWER FALLS CHURCH, VA 22042				
CITY/ST/ZIP/CO:				

NAME: RICHARD MAGENHEIMER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 8110 GATEHOUSE RD STE 200 EAST TOWER FALLS CHURCH, VA 22042				
CITY/ST/ZIP/CO:				

NAME: JOHN GAUL	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 8110 GATEHOUSE RD STE 200 EAST TOWER FALLS CHURCH, VA 22042				
CITY/ST/ZIP/CO:				

NAME: STEPHEN CUMBIE	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 8110 GATEHOUSE ROAD SUITE 200 EAST FALLS CHURCH, VA 22042				
CITY/ST/ZIP/CO:				

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/ JOHN GAUL	JOHN GAUL, SECRETARY	4/30/2014
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.