

1.) CORPORATION NAME:

**Virginia State University Research Foundation**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES H. SMITH  
1 HAYDEN DRIVE  
PETERSBURG, VA**

SCC ID NO: **07536246**

5.) STOCK INFORMATION

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

**PETERSBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 Hayden Drive

CITY/ST/ZIP: Petersburg, VA 23806

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:	Keith T. Miller	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1 Hayden Drive		
CITY/ST/ZIP/CO:	Virginia State University Petersburg, VA 23806		
NAME:	W. Weldon Hill	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1 Hayden Drive		
CITY/ST/ZIP/CO:	Virginia State University Petersburg, VA 23806		
NAME:	Robert L. Turner, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 Hayden Drive		
CITY/ST/ZIP/CO:	Virginia State University Petersburg, VA 23806		
NAME:	Keith M. Williamson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 Hayden Drive		
CITY/ST/ZIP/CO:	Virginia State University Petersburg, VA 23806		
NAME:	David J. Meadows	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 Hayden Drive		
CITY/ST/ZIP/CO:	Virginia State University Petersburg, VA 23806		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jewel E. Hairston DIRECTOR 1 Hayden Dr. Virginia State University Petersburg, VA 23806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dawit Haile TREASURER 1 Hayden Drive Virginia State University Petersburg, VA 23806	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ali Ansari DIRECTOR 1 Hayden Drive Virginia State University Petersburg, VA 23806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Adrienne Whitaker DIRECTOR 1 Hayden Drive Virginia State University Petersburg, VA 23806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Sayre DIRECTOR 1 Hayden Drive Virginia State University Petersburg, VA 23806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles H. Smith Exec. Director 1 Hayden Drive Virginia State University Petersburg, VA 23806	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Oliver Hill DIRECTOR 1 Hayden Drive Virginia State University Petersburg, VA 23806	<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/ Charles H.Smith SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Charles H.Smith, PRINTED NAME AND CORPORATE TITLE	9/13/2013 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.			