

1.) CORPORATION NAME: Konikoff Cares Foundation	DUE DATE: 8/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID A SNOUFFER 2200 WELLS FARGO CENTER 440 MONTICELLO AVENUE NORFOLK, VA	SCC ID NO: 07554322
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 Lynnhaven Pkwy
Suite 100

CITY/ST/ZIP: Virginia Beach, VA 23456

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: Jo Marie Maniwang	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 2100 Lynnhaven Pkwy Suite 100				
CITY/ST/ZIP/CO: Virginia Beach, VA 23456				

NAME: Pauline S Heath	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 2100 Lynnhaven Pkwy Suite 100				
CITY/ST/ZIP/CO: Virginia Beach, VA 23456				

NAME: David Brian Konikoff	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 2100 Lynnhaven Pkwy Suite 100				
CITY/ST/ZIP/CO: Virginia Beach, VA 23456				

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/ Pauline SHeath	Pauline SHeath,	8/30/2013
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.