

1.) CORPORATION NAME:

DLA Foundation

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MAE E DEVINCENTIS
4217 SCOTLAND RD
ALEXANDRIA, VA**

SCC ID NO: **07555980**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4217 SCOTLAND ROAD

CITY/ST/ZIP: ALEXANDRIA, VA 22309

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHYLLIS CAMPBELL	
TITLE:	DIRECTOR	
ADDRESS:	280 FOUNDERS WAY	
CITY/ST/ZIP/CO:	MECHANICSBURG, PA 17050-9500	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTINE GALLO	
TITLE:	SECRETARY	
ADDRESS:	9104 ALDERSHOT DRIVE	
CITY/ST/ZIP/CO:	BETHESDA, MD 20817	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VADM KEITH LIPPERT SC USN (RET)	
TITLE:	DIRECTOR	
ADDRESS:	6305 STEVENS CROSSING	
CITY/ST/ZIP/CO:	MECHANICSBURG, PA 17050-2339	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MAE DEVINCENTIS	
TITLE:	CHAIRMAN	
ADDRESS:	4217 SCOTLAND ROAD	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Edward Case	
TITLE:	DIRECTOR	
ADDRESS:	12204 Knightsbridge Drive	
CITY/ST/ZIP/CO:	Woodbridge, VA 22191	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Hawthorne Proctor	
TITLE:	DIRECTOR	
ADDRESS:	5514 Willow Valley Road	
CITY/ST/ZIP/CO:	Clifton, VA 20124	

NAME: James McClaugherty TITLE: VICE CHAIRMAN ADDRESS: 342 Potomac Court CITY/ST/ZIP/CO: Westerville, OH 43082	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Scott TITLE: TREASURER ADDRESS: 7501 Declan Court CITY/ST/ZIP/CO: Manassas, VA 20111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Alan Thompson TITLE: DIRECTOR ADDRESS: 10207 Rutherford Court CITY/ST/ZIP/CO: Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Larry Joseph Wilson TITLE: DIRECTOR ADDRESS: 2101 Pickwick Lane CITY/ST/ZIP/CO: Alexandria, VA 22307	<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/ MAE DEVINCENTIS	MAE DEVINCENTIS, CHAIRMAN	10/8/2013
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.		