

1.) CORPORATION NAME:

Vigilant Torch Foundation

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER M MARSTON
110 SHOOTERS CT
ALEXANDRIA, VA**

SCC ID NO: **07631377**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6412 Brandon Ave
Ste 318

CITY/ST/ZIP: Springfield, VA 22150

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:	Bill Raskin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6401 Swords Way		
CITY/ST/ZIP/CO:	Bethesda, MD 20817		

NAME:	Steve Beitler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	156 Lakewood Pl		
CITY/ST/ZIP/CO:	Highland Park, IL 60035		

NAME:	Keith J Filipp	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 4808		
CITY/ST/ZIP/CO:	Whitefish, MT 59937		

NAME:	John A Campagna	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10505 Furnace Rd Ste 205		
CITY/ST/ZIP/CO:	Lorton, VA 22079		

NAME:	Thomas J Sullivan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1175 Sugarloaf Club Dr		
CITY/ST/ZIP/CO:	Duluth, GA 30097		

NAME:	Peter E Jensen	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Secy/Treasurer		
ADDRESS:	PO Box 1222		
CITY/ST/ZIP/CO:	Watkinsville, GA 30677		

NAME: Steve Lahr TITLE: PRESIDENT ADDRESS: 8639 Cross Chase Ct CITY/ST/ZIP/CO: Fairfax Station, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Steve Houde TITLE: DIRECTOR ADDRESS: 5523 Chowan Ave CITY/ST/ZIP/CO: Alexandria, VA 22312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ Steve Lahr	Steve Lahr, PRESIDENT	6/23/2014
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.