

1.) CORPORATION NAME:

**Whirlwind Johnson Foundation**

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LANGE JOHNSON  
9957 CYRANDALL DR  
OAKTON, VA**

SCC ID NO: **07675267**

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: 9957 Cyrandall Drive  
9957 Cyrandall Drive

CITY/ST/ZIP: Oakton, VA 22124

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:	CLAUDE BAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	575 7TH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

NAME:	ROY CHIP ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	204 9TH ST NE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		

NAME:	KEN FRIEDLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3308 23RD ST N		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	LANGE JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9957 CYRANDALL DR		
CITY/ST/ZIP/CO:	OAKTON, VA 22124		

NAME:	Bobette Bland Banks	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	15019 Redgate Drive		
CITY/ST/ZIP/CO:	Silver Spring, MD 20905		

NAME:	Dr. Wilmer Leon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	408 Burnt Mills Avenue		
CITY/ST/ZIP/CO:	Silver Spring, MD 20901		

NAME: Leverne Marshall TITLE: DIRECTOR ADDRESS: 1071 S. MacFarlane Ct. CITY/ST/ZIP/CO: Forest, VA 24551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rex Miller TITLE: DIRECTOR ADDRESS: 303 Watts Street CITY/ST/ZIP/CO: Durham, NC 27707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sue Worsham TITLE: DIRECTOR ADDRESS: 4708 Alclif Drive CITY/ST/ZIP/CO: Lynchburg, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jolynn Johnson Smith TITLE: DIRECTOR ADDRESS: 6106 West Club Lane CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kim Davis TITLE: DIRECTOR ADDRESS: 505 W. Woodmen Road CITY/ST/ZIP/CO: Colorado Springs, CO 80919	<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/ LANGE JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LANGE JOHNSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/27/2014 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.		