

1.) CORPORATION NAME:

**Whirlwind Johnson Foundation**

DUE DATE: **7/31/2015**

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

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:	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:	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:	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:	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:	KIM DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	505 W. WOODMEN ROAD		
CITY/ST/ZIP/CO:	COLRADO SPRINGS, CO 80919		
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. WILMER LEON DIRECTOR 408 BURNT MILLS AVENUE SILVER SPRING, MD 20901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEVERNE MARSHALL DIRECTOR 1071 S. MACFARLANE CT. FOREST, VA 24551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REX MILLER DIRECTOR 303 WATTS STREET DURHAM, NC 27707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOLYNN JOHNSON SMITH DIRECTOR 6106 WEST CLUB LANE RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE WORSHAM DIRECTOR 4708 ALCLIF DRIVE LYNCHBURG, VA 24503	<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	8/19/2015 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.			