

1.) CORPORATION NAME: <b>PARTNERS FOR SECULAR ACTIVISM</b>	DUE DATE: <b>3/31/2016</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>GANT REDMON 510 KING ST STE 301 ALEXANDRIA, VA</b>	SCC ID NO: <b>07754740</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 3493 S UTAH ST  CITY/ST/ZIP: ARLINGTON, VA 22206	
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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: NATHAN BUPP TITLE: DIRECTOR ADDRESS: 2034 WYNTRE BROOKE DR CITY/ST/ZIP/CO: YORK, PA 17403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES GIORDANO TITLE: DIRECTOR ADDRESS: 459 OLD TOWN CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOB GOODRICH TITLE: DIRECTOR ADDRESS: 4417 BROADMOOR AVE_SE CITY/ST/ZIP/CO: KENTWOOD, MI 49512	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN R SHOOK TITLE: DIRECTOR ADDRESS: 3491 S UTAH ST CITY/ST/ZIP/CO: ARLINGTON, VA 22206	<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/ NATHAN BUPP	NATHAN BUPP, DIRECTOR	2/12/2016
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.