

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215538701
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1.) CORPORATION NAME: <b>Sly Wind Foundation</b>	DUE DATE: <b>9/30/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JAMES S WILSON JR 2002 N KENMORE ST ARLINGTON, VA</b>	SCC ID NO: <b>07826290</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</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: 2325 Dulles Corner Blvd  
Suite 670

CITY/ST/ZIP: Herndon, VA 20171

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: JONI L CHENOWETH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 2325 DULLES CORNER BLVD		
SUITE 670		
CITY/ST/ZIP/CO: HERNDON, VA 20171		

NAME: MICHAEL F CHENOWEYH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 2325 DULLES CORNER BLVD		
SUITE 670		
CITY/ST/ZIP/CO: HERNDON, VA 20171		

NAME: PAMELA B PIERCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 2325 DULLES CORNER BLVD		
SUITE 670		
CITY/ST/ZIP/CO: HERNDON, VA 20171		

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/ MICHAEL F CHENOWEYH	MICHAEL F CHENOWEYH,	10/22/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.