

1.) CORPORATION NAME:

CYSTIC FIBROSIS FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

DUE DATE: **8/31/2011**

SCC ID NO: **F0160236**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6931 ARLINGTON RD
SUITE 200

CITY/ST/ZIP: BETHESDA, MD 20814-

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: CHARLES J THAYER
TITLE: VICE CHAIRMAN
ADDRESS: 6931 ARLINGTON ROAD
SUITE 200
CITY/ST/ZIP/CO: BETHESDA, MD 20814-

OFFICER DIRECTOR

NAME: CATHERINE C MCLLOUD
TITLE: DIRECTOR
ADDRESS: 6931 ARLINGTON RD
STE 200
CITY/ST/ZIP/CO: BETHESDA, MD 20814-

OFFICER DIRECTOR

NAME: ROBERT J BEALL, PHD
TITLE: PRES/CEO
ADDRESS: 6931 ARLINGTON RD, STE 200
CITY/ST/ZIP/CO: BETHESDA, MD 20814-

OFFICER DIRECTOR

NAME: J TAYLOR CRANDALL
TITLE: DIRECTOR
ADDRESS: 6931 ARLINGTON RD, STE 200
CITY/ST/ZIP/CO: BETHESDA, MD 20814-

OFFICER DIRECTOR

NAME: MICHAEL L BEATTY
TITLE: DIRECTOR
ADDRESS: 6931 ARLINGTON RD, STE 200
CITY/ST/ZIP/CO: BETHESDA, MD 20814-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD DANDURAND VICE CHAIRMAN 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J GRAY DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY M GUMP DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, PA 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN L HOOK VICE CHAIRMAN 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAD T MOORE DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A MOUNT CFFP CHAIR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY B SABIN EXEC VICE CHAIR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTY L SHAFFER DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, VA 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN SHAK, MD DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE J TORPHY DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY S WEINBERG DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL W WHETSELL VICE CHAIRMAN 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KC BRYAN WHITE DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERA H TWIGG SR VP/CFO 6931 ARLINGTON ROAD STE 200 BETHESDA, MD 20814-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C RICHARD MATTINGLY EXEC VP/COO/SEC 6931 ARLINGTON RD STE 200 BETHESDA, MD 20814-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ VERA H TWIGG</u>	<u>VERA H TWIGG, SR VP/CFO</u>	<u>10/13/2011</u>
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.