

1.) CORPORATION NAME:

CYSTIC FIBROSIS FOUNDATION

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0160236**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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:	ROBERT J BEALL, PHD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	6931 ARLINGTON RD, STE 200		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	C RICHARD MATTINGLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/COO/SEC		
ADDRESS:	6931 ARLINGTON RD STE 200		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	VERA H TWIGG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	6931 ARLINGTON ROAD STE 200		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	RICHARD DANDURAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	6931 ARLINGTON RD, STE 200		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME:	SUSAN L HOOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	6931 ARLINGTON RD, STE 200		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES J THAYER VICE CHAIRMAN 6931 ARLINGTON ROAD SUITE 200 BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L BEATTY 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:	J TAYLOR CRANDALL 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:	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:	CATHERINE C MCLLOUD 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:	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 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:	GARY B SABIN 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:	CHRISTY L SHAFFER DIRECTOR 6931 ARLINGTON RD, STE 200 BETHESDA, VA 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVEN SHAK, MD TITLE: DIRECTOR ADDRESS: 6931 ARLINGTON RD, STE 200 CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THEODORE J TORPHY TITLE: DIRECTOR ADDRESS: 6931 ARLINGTON RD, STE 200 CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AMY S WEINBERG TITLE: DIRECTOR ADDRESS: 6931 ARLINGTON RD, STE 200 CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KC BRYAN WHITE TITLE: DIRECTOR ADDRESS: 6931 ARLINGTON RD, STE 200 CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PRESTON W CAMPBELL III TITLE: EXEC VP MED AFF ADDRESS: 6931 ARLINGTON RD, STE 200 CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input 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/ VERA H TWIGG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VERA H TWIGG, SR VP/CFO PRINTED NAME AND CORPORATE TITLE	7/24/2012 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.		