

1.) CORPORATION NAME:

THE MENNONITE FOUNDATION, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONALD E SHOWALTER
100 SOUTH MASON ST
PO BOX 20028**

SCC ID NO: **F0285306**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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HARRISONBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1110 N MAIN ST

CITY/ST/ZIP: GOSHEN, IN 46528

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:	LARRY D MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 483		
CITY/ST/ZIP/CO:	GOSHEN, IN 46527		

NAME:	MARLO J KAUFFMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	18396 NORTHRUP DR		
CITY/ST/ZIP/CO:	GOSHEN, IN 46526		

NAME:	PHILIP R ZIMMERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	613 SO 7TH ST		
CITY/ST/ZIP/CO:	GOSHEN, IN 46526		

NAME:	JAIME ALVAREZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	19889 MEADOW RIDGE		
CITY/ST/ZIP/CO:	GOSHEN, IN 46526		

NAME:	LAVERN YUTZY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	219 AUDREY DR		
CITY/ST/ZIP/CO:	LITITZ, PA 17543		

NAME:	George F Merryman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO Box 483		
CITY/ST/ZIP/CO:	Goshen, IN 46527		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rod D Diller VICE PRESIDENT PO Box 483 Goshen, IN 46527	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Gautsche Asst Vice Pres PO Box 483 Goshen, IN 46527	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sidney A Richard Asst Vice Pres PO Box 483 Goshen, IN 46527	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Delmar King ASST TREASURER PO Box 483 Goshen, IN 46527	<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/ PHILIP R ZIMMERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHILIP R ZIMMERMAN, ASST SEC PRINTED NAME AND CORPORATE TITLE	8/20/2013 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.			