

1.) CORPORATION NAME:

FROZEN POTATO PRODUCTS INSTITUTE

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS J KEARNEY
2000 CORPORATE RIDGE
SUITE 1000**

SCC ID NO: **F0326126**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MCLEAN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 CORPORATION RIDGE SUITE 1000

CITY/ST/ZIP: MC LEAN, VA 22102

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:	AARON BENNETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2000 CORPORATE RIDGE SUITE 1000 MCLEAN, VA 22102		
CITY/ST/ZIP/CO:			
NAME:	GREG EVANS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 CORPORATE RIDGE SUITE 1000 MCLEAN, VA 22102		
CITY/ST/ZIP/CO:			
NAME:	THOMAS KEARNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2000 CORPORATE RIDGE SUITE 1000 MCLEAN, VA 22102		
CITY/ST/ZIP/CO:			
NAME:	DONNA GARREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	2000 CORPORATE RIDGE SUITE 1000 MCLEAN, VA 22102		
CITY/ST/ZIP/CO:			
NAME:	GARY KUSHNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2000 CORPORATE RIDGE SUITE 1000 MCLEAN, VA 22102		
CITY/ST/ZIP/CO:			

NAME: RON CLOW TITLE: DIRECTOR ADDRESS: 2000 CORPORATE RIDGE SUITE 1000 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK DUNN TITLE: DIRECTOR ADDRESS: 2000 CORPORATE RIDGE SUITE 1000 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK HAYDEN TITLE: DIRECTOR ADDRESS: 2000 CORPORATE RIDGE STE 1000 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<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/ THOMAS KEARNEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS KEARNEY, ASST TREASURER _____ PRINTED NAME AND CORPORATE TITLE	9/19/2013 _____ 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.		