

1.) CORPORATION NAME:

NATIONAL FOUNDATION FOR CANCER RESEARCH, INC.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC
4445 CORPORATION LN 2ND FL
VIRGINIA BEACH, VA 23462**

SCC ID NO: **F0332652**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 EAST WEST HIGHWAY #525

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MR FRANKLIN C SALISBURY JR	
TITLE:	P/CEO	
ADDRESS:	4600 EAST-WEST HIGHWAY SUITE 525	
CITY/ST/ZIP/CO:	BETHESDA, MD 20814	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DR SUJUAN BA	
TITLE:	COO, CFO & Sec.	
ADDRESS:	4600 East West Highway #525	
CITY/ST/ZIP/CO:	BETHESDA, MD 20814	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR MARK BARAN	
TITLE:	DIRECTOR	
ADDRESS:	141 WEAVER STREET	
CITY/ST/ZIP/CO:	GREENWICH, CT 06831	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Dr. Sreekumar Raghavakaimal	
TITLE:	Adj. COO & CDO	
ADDRESS:	4600 East-West Highway, Suite 525	
CITY/ST/ZIP/CO:	Bethesda, MD 20814	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael J. Burke	
TITLE:	DIRECTOR	
ADDRESS:	4600 East-West Highway, Suite 525	
CITY/ST/ZIP/CO:	Bethesda, MD 20814	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Judy Barnhard	
TITLE:	DIRECTOR	
ADDRESS:	4600 East-West Highway, Suite 525	
CITY/ST/ZIP/CO:	Bethesda, MD 20814	

NAME:	Dr. Padmakumar Raghavakaimal	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4600 East-West Highway, Suite 525		
CITY/ST/ZIP/CO:	Bethesda, MD 20814		

NAME:	Scott Coleridge	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4600 East-West Highway, Suite 525		
CITY/ST/ZIP/CO:	Bethesda, MD 20814		

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/ DR SUJUAN BA	DR SUJUAN BA,	4/18/2012
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.