

1.) CORPORATION NAME:

NATIONAL FOUNDATION FOR CANCER RESEARCH, INC.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:

MA

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.

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 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 checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MR MARK BARAN TITLE: DIRECTOR ADDRESS: 141 WEAVER STREET CITY/ST/ZIP/CO: GREENWICH, CT 06831	<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	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT COLERIDGE DIRECTOR 4600 EAST-WEST HIGHWAY, SUITE 525 BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. PADMAKUMAR RAGHAVAKAIMAL DIRECTOR 4600 EAST-WEST HIGHWAY, SUITE 525 BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" 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.

/s/ MR FRANKLIN C SALISBURY JR	MR FRANKLIN C SALISBURY JR, P/CEO	3/22/2013
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.