

1.) CORPORATION NAME:

**WORLD VISION, INC.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4001 NORTH NINTH STREET SUITE 227  
ARLINGTON, VA**

SCC ID NO: **F0334575**

5.) STOCK INFORMATION

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

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 9716

CITY/ST/ZIP: FEDERAL WAY, WA 93063

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: RICHARD E STEARNS TITLE: PRESIDENT ADDRESS: PO BOX 9716 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98063-9716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY DUIM TITLE: S/T ADDRESS: PO BOX 9716 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98063	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE K PROBUS TITLE: CFO ADDRESS: PO BOX 9716 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98063	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES F BERE TITLE: CHAIRMAN ADDRESS: P O BX 9716 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUDY CARRASCO TITLE: DIRECTOR ADDRESS: P.O. BOX 9716 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN CROSBY TITLE: DIRECTOR ADDRESS: P.O. BOX 9716 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE FULLER DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOYCE GODWIN DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN JENKINS DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL D NELSON DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN PARK DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH PEGUES DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. SOONG CHAN RAH DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN SINGLETON DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HORACE SMITH DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATIE SMITH MILWAY DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA TREVINO-CUMMINS DIRECTOR P.O. BOX 9716 FEDERAL WAY, WA 98063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	ROLAND WARREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 9716		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98063		

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/ LAWRENCE K PROBUS	LAWRENCE K PROBUS, CFO	6/27/2013
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.