

1.) CORPORATION NAME:

**ASIS FOUNDATION, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL J STACK  
1625 PRINCE ST  
ALEXANDRIA, VA 22314**

SCC ID NO: **F0444259**

5.) STOCK INFORMATION

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

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1625 PRINCE ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	JOHN PETRUZZI JR CPP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	475 PARK AVE S		
CITY/ST/ZIP/CO:	NEW YORK, NY 10016		
NAME:	BRIAN J ALLEN, CPP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	60 COLUMBUS CIRCLE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10023		
NAME:	MICHAEL J STACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	DEBORAH ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1101 SKOKIE BLVD #400		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		
NAME:	LEROY CLONEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20851 EAST KENYON		
CITY/ST/ZIP/CO:	AURORA, CO 80013		
NAME:	SANDRA COWIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

NAME: LINDA F FLORENCE, CPP TITLE: DIRECTOR ADDRESS: 25 METRO DRIVE CITY/ST/ZIP/CO: SAN JOSE, CA 95110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER MAZZARONI, CPP TITLE: DIRECTOR ADDRESS: 6173 EAST OLD MARION HWY CITY/ST/ZIP/CO: FLORENCE, SC 29506	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KAJ MOLLER TITLE: DIRECTOR ADDRESS: NOVO NORDISK CITY/ST/ZIP/CO: BAGSVAERD,DK-28,DENMARK , , FN	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEPHEN SCHARF TITLE: DIRECTOR ADDRESS: 475 ANTON BOULEVARD CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<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/ MICHAEL J STACK	MICHAEL J STACK, DIRECTOR	2/28/2013
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.		