

1.) CORPORATION NAME:

**ASIS FOUNDATION, INC.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: Michael J Stack TITLE: Officer ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda F Florence TITLE: PRESIDENT ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sandra M Cowie TITLE: VICE PRESIDENT ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian J Allen TITLE: TREASURER ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Leroy V Cloney TITLE: SECRETARY ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deborah L Allen TITLE: DIRECTOR ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Christina Duffey TITLE: DIRECTOR ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Martin L Gill TITLE: DIRECTOR ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Godfried Hendriks TITLE: DIRECTOR ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joseph H McDonald TITLE: DIRECTOR ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John E Turey TITLE: DIRECTOR ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James B Evans TITLE: Officer ADDRESS: 1625 Prince Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input 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/ James BEvans SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	James BEvans, PRINTED NAME AND CORPORATE TITLE	6/24/2014 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.		