

1.) CORPORATION NAME:

**ASIS FOUNDATION, INC.**

DUE DATE: **6/30/2015**

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:	LINDA F FLORENCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	SANDRA M COWIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	BRIAN J ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	LEROY V CLONEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	MICHAEL J STACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	JAMES B EVANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	1625 PRINCE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH L ALLEN DIRECTOR 1625 PRINCE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINA DUFFEY DIRECTOR 1625 PRINCE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN L GILL DIRECTOR 1625 PRINCE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GODFRIED HENDRIKS DIRECTOR 1625 PRINCE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH H MCDONALD DIRECTOR 1625 PRINCE STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E TUREY DIRECTOR 1625 PRINCE STREET ALEXANDRIA, VA 22314	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J STACK, OFFICER PRINTED NAME AND CORPORATE TITLE	6/24/2015 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.			