

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212526858

1.) CORPORATION NAME:

ASTA Foundation, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAUL M. RUDEN
ASTA
1101 KING STREET**

SCC ID NO: **F0549586**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ALEXANDRIA, VA 22314

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1101 KING 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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KARL ROSEN		
TITLE:	CHAIR		
ADDRESS:	TOWNE CENTRE TRAVEL & CRUISE		
	119 FELCE CT		
CITY/ST/ZIP/CO:	PALM DESSERT, CA 92211		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FREDERIC W BURSCH		
TITLE:	TREASURER		
ADDRESS:	817 BROADWAY		
CITY/ST/ZIP/CO:	ALEXANDRIA, MN 56308-1856		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROLFE DUGGAR		
TITLE:	DIRECTOR		
ADDRESS:	4300 CENTRAL AVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33711		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TALULA A GUNTNER		
TITLE:	DIRECTOR		
ADDRESS:	TalulaTravels.com		
	1128 Lillibridge Drive		
CITY/ST/ZIP/CO:	Leland, NC 28451		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Janet G. Brown		
TITLE:	DIRECTOR		
ADDRESS:	4324 North Smoke Ridge Court		
CITY/ST/ZIP/CO:	Roswell, GA 30075		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Irene C. Ross		
TITLE:	DIRECTOR		
ADDRESS:	111 Perkins St.		
	Suite 153		
CITY/ST/ZIP/CO:	Boston, MA 02130		

NAME: Mary Beth Walsh TITLE: DIRECTOR ADDRESS: 10900 South 88th Avenue CITY/ST/ZIP/CO: Palos Hills, IL 60465	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Nina Meyer TITLE: DIRECTOR ADDRESS: 5000 SW 75th Avenue CITY/ST/ZIP/CO: Suite 300 Miami, FL 33155	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Tony Gonchar TITLE: DIRECTOR ADDRESS: 1101 King Street CITY/ST/ZIP/CO: Suite 200 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/ Tony Gonchar	Tony Gonchar, DIRECTOR	7/18/2012
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.		