

1.) CORPORATION NAME:

DUE DATE: **9/30/2013**

A.D.R.A. EDUCATIONAL FOUNDATION, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1013988**

**AUTOMOTIVE DISMANTLERS AND RECYCLERS
ASSOCIATION
INC**

9113 CHURCH ST

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MANASSAS, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9113 CHURCH ST

CITY/ST/ZIP: MANASSAS, VA 20110-5456

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: SANDY BLALOCK
TITLE: PAST PRESIDENT
ADDRESS: 11 EASTWIND LANE
CITY/ST/ZIP/CO: EDGEWOOD, NM 87015

OFFICER DIRECTOR

NAME: FRAN REITMAN
TITLE: PRESIDENT
ADDRESS: 6810 FOUR MILE PIKE
CITY/ST/ZIP/CO: MELBOURNE, KY 41059

OFFICER DIRECTOR

NAME: NORMAN WRIGHT
TITLE: TREASURER
ADDRESS: 2323 W MULBERRY PL
CITY/ST/ZIP/CO: DENVER, CO 80204

OFFICER DIRECTOR

NAME: KELLY ROEPKE
TITLE: DIRECTOR
ADDRESS: PO BOX 565
CITY/ST/ZIP/CO: EFFINGHAM, IL 62401

OFFICER DIRECTOR

NAME: ED ANSPACH
TITLE: DIRECTOR
ADDRESS: 51 MAIN STREET
CITY/ST/ZIP/CO: ONO, PA 17077

OFFICER DIRECTOR

NAME: JIM BUTLER
TITLE: DIRECTOR
ADDRESS: 6401 N. PALAFOX STREET
CITY/ST/ZIP/CO: PENSACOLA, FL 32503

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL D'ADAMO DIRECTOR 70 MACONDRAY STREET CUMBERLAND, RI 02864	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE FLETCHER DIRECTOR 134 LANGARTH STREET LONDON, ON N6C-1Z5, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS NICASTRI DIRECTOR 21 CHIFLEY ST SMITHFIELD, NS 2164, AU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILLY ROBERTS VICE PRESIDENT PO BOX 83 MOFFETT, OK 74946	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER SCHRODER DIRECTOR 1980 HIGHLAND PIKE FT. WRIGHT, KY 41017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WATSON DIRECTOR 13741 S. ASHLAND AVENUE RIVERDALE, IL 60827	<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/ FRAN REITMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRAN REITMAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/26/2013 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.			