

1.) CORPORATION NAME:

ADRA Scholarship Foundation, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**AUTOMOTIVE DISMANTLERS AND RECYCLERS
ASSOCIATION
INC
9113 CHURCH ST**

SCC ID NO: **F1013996**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MANASSAS, VA 20110

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:	MARK BUSSING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	117 E BASELINE ROAD		
CITY/ST/ZIP/CO:	GILBERT, AZ 85233		

NAME:	DON PHELPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	26311 78TH AVENUE SOUTH		
CITY/ST/ZIP/CO:	KENT, WA 98032		

NAME:	RANDY REITMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6810 4 MILE PIKE		
CITY/ST/ZIP/CO:	MELBOURNE, KY 41059		

NAME:	LINDA PITMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6600 CANYON DRIVE		
CITY/ST/ZIP/CO:	AMARILLO, TX 79109		

NAME:	MAX SPALDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2210 N UNIVERSITY RD		
CITY/ST/ZIP/CO:	SPOKANE, WA 99206		

NAME:	CHUCK OSSENKOP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5700 CAMELOT DRIVE		
CITY/ST/ZIP/CO:	ANCHORAGE, AK 99504		

NAME: GARY BEAGELL TITLE: DIRECTOR ADDRESS: 230 COLESVILLE ROAD CITY/ST/ZIP/CO: BINGHAMTON, NY 13904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTYN ROBERTS TITLE: DIRECTOR ADDRESS: 1828 NW US HWY 50 CITY/ST/ZIP/CO: KINGSVILLE, MO 64061	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SKIP WELLER TITLE: DIRECTOR ADDRESS: 2525 CHICAGO DRIVE SW CITY/ST/ZIP/CO: GRAND RAPIDS, MI 49519	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SOL TODER TITLE: DIRECTOR ADDRESS: 808 HILLAIRES DRIVE CITY/ST/ZIP/CO: PITTSBURGH, PA 15243	<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/ MARK BUESSING SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK BUESSING, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/26/2012 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.		