

1.) CORPORATION NAME:

ADRA Scholarship Foundation, Inc.

DUE DATE: **9/30/2014**

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
-------	------------

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: MARK BUESSING
TITLE: PRESIDENT
ADDRESS: 117 E BASELINE ROAD
CITY/ST/ZIP/CO: GILBERT, AZ 85233

OFFICER DIRECTOR

NAME: DON PHELPS
TITLE: VICE PRESIDENT
ADDRESS: 26311 78TH AVENUE SOUTH
CITY/ST/ZIP/CO: KENT, WA 98032

OFFICER DIRECTOR

NAME: LINDA PITMAN
TITLE: TREASURER
ADDRESS: 6600 CANYON DRIVE
CITY/ST/ZIP/CO: AMARILLO, TX 79109

OFFICER DIRECTOR

NAME: GARY BEAGELL
TITLE: DIRECTOR
ADDRESS: 230 COLESVILLE ROAD
CITY/ST/ZIP/CO: BINGHAMTON, NY 13904

OFFICER DIRECTOR

NAME: CHUCK OSSENKOP
TITLE: DIRECTOR
ADDRESS: 5700 CAMELOT DRIVE
CITY/ST/ZIP/CO: ANCHORAGE, AK 99504

OFFICER DIRECTOR

NAME: RANDY REITMAN
TITLE: DIRECTOR
ADDRESS: 6810 4 MILE PIKE
CITY/ST/ZIP/CO: MELBOURNE, KY 41059

OFFICER DIRECTOR

NAME: KRYSTYN 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: MAX SPALDING TITLE: DIRECTOR ADDRESS: 2210 N UNIVERSITY RD CITY/ST/ZIP/CO: SPOKANE, WA 99206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SOL TODER TITLE: DIRECTOR ADDRESS: 808 HILLAIRE DRIVE CITY/ST/ZIP/CO: PITTSBURGH, PA 15243	<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
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	MARK BUESSING, PRESIDENT	9/26/2014
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.		