

1.) CORPORATION NAME:

LUPUS FOUNDATION OF AMERICA, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203

DUE DATE: **8/31/2011**

SCC ID NO: **F1048513**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 L STREET NW
SUITE 710

CITY/ST/ZIP: WASHINGTON, DC 20036-

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.

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | SANDRA CLAIRE RAYMOND | |
| TITLE: | P/CEO | |
| ADDRESS: | 2000 L STREET NW SUITE 710 | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036- | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | PETER M SCHWAB | |
| TITLE: | TREASURER | |
| ADDRESS: | 233 SOUTH WACKER DR SEARS TOWER STE 5300 | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60606- | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | LYNN BLANDFORD | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 1517 HAZARD ST | |
| CITY/ST/ZIP/CO: | HOUSTON, TX 77019- | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | CINDY CONEY | |
| TITLE: | CHAIR | |
| ADDRESS: | 4406 CULBREATH AVE | |
| CITY/ST/ZIP/CO: | TAMPA, FL 33609- | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KAREN B EVANS | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 6614 CROSS COUNTRY BLVD | |
| CITY/ST/ZIP/CO: | BALTIMORE, MD 21215- | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MERRILYN J. KOSIER VICE CHAIR 200 EAST RANDOLPH DRIVE, 2900 CHICAGO, IL 60606- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TONI FREEMAN SECRETARY 2414 1ST AVENUE, UNIT 701 SEATTLE, WA 98121- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JANINE ALLEN DIRECTOR 16 SUNSET COVE NEWPORT BEACH, CA 92657- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | J. REEVE BRIGHT DIRECTOR 135 SE FIFTH AVENUE DELRAY BEACH, FL 33483- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | KEITH BRUNINI DIRECTOR 71 SOUTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LORETTA CROSS DIRECTOR 333 CLAY STREET HOUSTON, TX 77002- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | R. THOMAS DAWE DIRECTOR 317 COMMERCIAL N.E. ALBUQUERQUE, NM 87102- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MATTHEW JOHNSON DIRECTOR 867 COMMODORE CT. PORTER, IN 46304- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SUSAN MANZI DIRECTOR 2486 MATTERHORN DRIVE WEXFORD, PA 15090- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CAROL ANN PETREN DIRECTOR 1601 CHESTNUT STREET PHILADELPHIA, PA 19192- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARJORIE S. SUSMAN DIRECTOR 2000 L STREET, NW, SUITE 410 WASHINGTON, DC 20036- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RANDALL WINSTON DIRECTOR 12629 RIVERSIDE DRIVE, 3RD FLOOR VALLEY VILLAGE, CA 91607- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SEUNG-AE CHUNG ASST TREASURER 2000 L STREET, NW, SUITE 410 WASHINGTON, DC 20036- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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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.

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| /s/ SEUNG-AE CHUNG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SEUNG-AE CHUNG, ASST TREASURER PRINTED NAME AND CORPORATE TITLE | 6/28/2011 DATE |
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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.