

1.) CORPORATION NAME:

The Foundation for AIDS Research

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1144221**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 WALL STREET 13TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10005

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: JOHN LOGAN TITLE: AS/VP ADDRESS: 120 WALL ST 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRADLEY JENSEN TITLE: ASST. TREASURER ADDRESS: 120 WALL STREET, 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WALLACE SHEFT TITLE: TREASURER ADDRESS: 435 MAPLE AVENUE CITY/ST/ZIP/CO: WESTBURY, NY 11590	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MATHILDE KRIM, PH.D TITLE: FOUNDING CHRMN ADDRESS: C/O AMFAR - 13TH FLOOR CITY/ST/ZIP/CO: 120 WALL STREET NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH COLE TITLE: CHAIRMAN ADDRESS: 603 WEST 50TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA J. MATSON TITLE: VICE CHAIR ADDRESS: 120 WALL STREET, 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERVYN F. SILVERMAN SECRETARY 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C. SIMONS VICE CHAIR 119 FIFTH AVENUE, 7TH FLOOR NEW YORK, NY 10003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLEN ANDELSON DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY BELAFONTE DIRECTOR 275 7TH AVENUE, SUITE 1501 NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BOHNETT DIRECTOR 245 SOUTH BEVERLY DRIVE, BEVERLY HILLS, CA 90212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZEV BRAUN DIRECTOR 280 SOUTH BEVERLY DRIVE, SUITE 500 BEVERLY HILLS, CA 90212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN CANNO DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. MARTIN CHAVEZ DIRECTOR 1 NEW YORK PLAZA NEW YORK, NY 11201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE B. EISNER DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RYAN GREENAWALT DIRECTOR 520 MADISON AVENUE, 8TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REGAN HOFFMAN DIRECTOR 462 7TH AVENUE, 19TH FLOOR NEW YORK, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. KLINGENSMITH DIRECTOR 425 PORTLAND AVENUE MINNEAPOLIS, MN 55488	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MCCLATCHY DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELE V. MCNEILL DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY D. RACHOFSKY DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VINCENT A. ROBERTI DIRECTOR 156 WEST 56TH STREET, SUITE 901 NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL ROEDY DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND F. SCHINAZI DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN D. SCHWARTZ DIRECTOR 135 EAST 57TH STREET, 9TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA L. TAYLOR DIRECTOR 1350 AVENUE OF THE AMERICAS, #2900 NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN WENDLE DIRECTOR 120 WALL STREET, 13TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD CAPOCCIA DIRECTOR 325 GOLD STREET, 7TH FLOOR, BROOKLYN, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: EDWARD MILSTEIN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 575 MADISON AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022

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.

<u>/s/ BRADLEY JENSEN</u>	<u>BRADLEY JENSEN, ASST.</u>	<u>4/29/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.