

1.) CORPORATION NAME:

Sarnoff Cardiovascular Research Foundation, Inc.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

DANA QUINN BOYD

731 G-2 WALKER RD

GREAT FALLS, VA 22066

SCC ID NO: **F1158445**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 731 G2 WALKER ROAD

CITY/ST/ZIP: GREAT FALLS, VA 22066-

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: DR IVOR BENJAMIN
TITLE: S/D
ADDRESS: 30 N 1900 E RD 4A154
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84132-

OFFICER DIRECTOR

NAME: DANA QUINN BOYD
TITLE: DIRECTOR
ADDRESS: 731 G-2 WALKER ROAD
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER DIRECTOR

NAME: DR. CHARLES LOWENSTEIN
TITLE: DIRECTOR
ADDRESS: UNIV OF ROCHESTER MEDICAL CTR
601 ELMWOOD AVE BOX 679A
CITY/ST/ZIP/CO: ROCHESTER, NY 14642-8679

OFFICER DIRECTOR

NAME: DR JON LOMASNEY
TITLE: T/D
ADDRESS: 303 E CHICAGO AVE WARD 3-140
CITY/ST/ZIP/CO: CHICAGO, IL 60611-

OFFICER DIRECTOR

NAME: ANN MARIE SCHMIDT, MD
TITLE: DIRECTOR
ADDRESS: NEW YORK UNIVERSITY MEDICAL CTR
550 FIRST AVE SMILOW 901C
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER DIRECTOR

NAME: DEBRA SCHWINN TITLE: PRESIDENT ADDRESS: 1959 NE PACIFIC ST., ROOM BB1461 UNIV. OF WASHINGTON CITY/ST/ZIP/CO: SEATTLE, WA 98105-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP TSAO TITLE: DIRECTOR ADDRESS: STANFORD UNIV. SCHOOL OF MEDICINE 300 PASTEUR DR. CITY/ST/ZIP/CO: STANFORD, CA 94305-5406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H. SCOTT BALDWIN TITLE: DIRECTOR ADDRESS: 9435-A MRB IV-LANGFORD 2213 GARLAND AVE. CITY/ST/ZIP/CO: NASHVILLE, TN 37232-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL CAIN TITLE: DIRECTOR ADDRESS: UB SOM 3435 MAIN ST., BLDG. 22 CITY/ST/ZIP/CO: BUFFALO, NY 14214-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE CURTIS TITLE: DIRECTOR ADDRESS: 219 DK MILLER BLDG. 462 GRIDER STREET CITY/ST/ZIP/CO: BUFFALO, NY 14215-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH HILL TITLE: DIRECTOR ADDRESS: UTSW MEDICAL CENTER 6000 HARRY HINES BLVD. CITY/ST/ZIP/CO: DALLAS, TX 75390-8573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAY MARSH TITLE: DIRECTOR ADDRESS: OHIO STATE UNIV. MED. CTR. 370 WEST 9TH AVE. CITY/ST/ZIP/CO: COLUMBUS, OH 43210-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW PLUMP TITLE: DIRECTOR ADDRESS: MERCK & CO. 126 E. LINCOLN AVE. CITY/ST/ZIP/CO: RAHWAY, NJ 07065-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY POST TITLE: DIRECTOR ADDRESS: JOHNS HOPKINS HOSPITAL 600 N. WOLFE ST. CITY/ST/ZIP/CO: BALTIMORE, MD 21287-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: AKHILESH SISTA TITLE: DIRECTOR ADDRESS: 1160 5TH AVE CITY/ST/ZIP/CO: NEW YORK, NY 10029-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JOHN STONE TITLE: DIRECTOR ADDRESS: 8300 HILLTOP DR CITY/ST/ZIP/CO: POLAND, OH 44514-	<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/ DANA QUINN BOYD	DANA QUINN BOYD, DIRECTOR	9/29/2011
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.