

1.) CORPORATION NAME:

GLAUCOMA RESEARCH FOUNDATION

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1193897**

5.) STOCK INFORMATION

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

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 251 POST ST STE 600

CITY/ST/ZIP: SAN FRANCISCO, CA 94108

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: THOMAS M BRUNNER TITLE: PRES/CEO ADDRESS: 251 POST ST STE 600 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL L. PENN TITLE: SECRETARY ADDRESS: 549 ORIZABA AVENUE CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94132	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FREDERICK H BRINKMAN TITLE: TREASURER ADDRESS: 972 ADDISON ST CITY/ST/ZIP/CO: PALO ALTO, CA 94301	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H. ALLEN BOUCH TITLE: VICE CHAIRMAN ADDRESS: 420 WILDWOOD AVE CITY/ST/ZIP/CO: PIEDMONT, CA 94611	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW G IWACH MD TITLE: CHAIRMAN ADDRESS: 55 STEVENSON ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J. BRONWYN BATEMAN TITLE: DIRECTOR ADDRESS: 1133 RACE ST 17N CITY/ST/ZIP/CO: DENVER, CO 80206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. SETH CUNNINGHAM DIRECTOR 318 E 70TH ST APT 5RE NEW YORK, NY 10021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J. DWYER DIRECTOR 80 STADLER DR WOODSIDE, CA 94062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADRIENNE L. GRAVES DIRECTOR 999 GREEN ST #1205 SAN FRANCISCO, CA 94133	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. GRUNDEN DIRECTOR PFIZER, INC. 235 E 42ND ST 219-8-8 NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HETHERINGTON DIRECTOR 7 LEEWARD RD BELVEDERE TIBURON, CA 94920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. DUNBAR HOSKINS DIRECTOR 7 PENINSULA RD BELVEDERE TIBURON, CA 94920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA C. LINCK DIRECTOR 3557 BOYER CIR LAFAYETTE, CA 94549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RHETT M. SCHIFFMAN DIRECTOR 2525 DUPONT DR IRVINE, CA 94612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KULDEV SINGH DIRECTOR 900 BLAKE WILBUR DR RM W3055 STANFORD, CA 94305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS E. SINGLETON DIRECTOR 138 ISABELLA AVE ATHERTON, CA 94027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L. STAMPER DIRECTOR 562 ARLINGTON AVE BERKELEY, CA 94707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BILL STEWART TITLE: DIRECTOR ADDRESS: 506 HANBURY LN CITY/ST/ZIP/CO: FOSTER CITY, CA 94404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR S. TAKAHARA TITLE: DIRECTOR ADDRESS: 381 FOXBOROUGH DR CITY/ST/ZIP/CO: MOUNTAIN VIEW, CA 94041	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE E. THOMAS TITLE: DIRECTOR ADDRESS: 354 DONALD DR CITY/ST/ZIP/CO: MORAGA, CA 94556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN B. WAX TITLE: DIRECTOR ADDRESS: 1607 SLEEPY HOLLOW CT CITY/ST/ZIP/CO: WESTLAKE, TX 76262	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MONA ZANDER TITLE: DIRECTOR ADDRESS: 9 VASQUEZ TRL CITY/ST/ZIP/CO: CARMEL, CA 93923	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rick Halprin TITLE: DIRECTOR ADDRESS: 2807 Summertree Ln CITY/ST/ZIP/CO: Colleyville, TX 76034	<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/ THOMAS M BRUNNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS M BRUNNER, PRES/CEO PRINTED NAME AND CORPORATE TITLE	9/5/2012 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.		