

1.) CORPORATION NAME:

UNIVERSITY OF FAIRFAX, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
LISA KLEIN
2070 CHAIN BRIDGE RD
SUITE G-100**

VIENNA, VA 22182

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **2/29/2012**

SCC ID NO: **F1325788**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1013 CENTRE BLVD

CITY/ST/ZIP: WILMINGTON, DE 19805-

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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|-----------------|----------------------|----------------------------------|--|
| NAME: | JOAN DALY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 502 COUNCIL COURT NE | | |
| CITY/ST/ZIP/CO: | VIENNA, VA 22180- | | |

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|-----------------|----------------------------|----------------------------------|--|
| NAME: | CHRISTOPHER FEUDO | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8219 SHADOWRIDGE DRIVE | | |
| CITY/ST/ZIP/CO: | FAIRFAX STATION, VA 22039- | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | ROGER GURNER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 12921 STARTERS LANE | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033- | | |

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|-----------------|-------------------|----------------------------------|--|
| NAME: | HUGH KOMINARS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8314 FROSTY COURT | | |
| CITY/ST/ZIP/CO: | LORTON, VA 22079- | | |

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|-----------------|---------------------|----------------------------------|--|
| NAME: | BILL SOLOMON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 339 8TH ST | | |
| CITY/ST/ZIP/CO: | BROOKLYN, NY 11215- | | |

| | | |
|---|---|--|
| NAME: DAVID OXENHANDLER TITLE: PRESIDENT ADDRESS: 200 LOCUST STREET, SE UNIT #405 CITY/ST/ZIP/CO: VIENNA, VA 22182- | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|--|---|-----------------------------------|
| NAME: LISA KLEIN TITLE: SECRETARY ADDRESS: 4563 RONA PLACE CITY/ST/ZIP/CO: FAIRFAX, VA 22030- | <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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|---|----------------------------------|------------------|
| <u>/s/ LISA KLEIN</u> | <u>LISA KLEIN, SECRETARY</u> | <u>2/29/2012</u> |
| 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.