

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213552256

1.) CORPORATION NAME:

NAIOP Research Foundation, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1457458**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2201 COOPERATIVE WAY

CITY/ST/ZIP: HERNDON, VA 20171

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: LAWRENCE POBUDA OFFICER DIRECTOR
TITLE: SEC/TREASURER
ADDRESS: 8500 NORMANDALE
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55437

NAME: SUSAN GRAHAM OFFICER DIRECTOR
TITLE: VICE CHAIRMAN
ADDRESS: 1099 ALAKEA ST
CITY/ST/ZIP/CO: STE 1400 HONOLULU, HI 96813

NAME: DOUGLAS HOWE OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: 2025 FIRST AVE
CITY/ST/ZIP/CO: STE 1212 SEATTLE, WA 98121-2100

NAME: SHIRLEY A MALONEY OFFICER DIRECTOR
TITLE: EXEC DIR
ADDRESS: 2201 COOPERATIVE WAY
CITY/ST/ZIP/CO: HERNDON, VA 20171

NAME: STEPHEN CROSBY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 6737 SOUTHPOINT DR. S
CITY/ST/ZIP/CO: SUITE 100 JACKSONVILLE, FL 32216

NAME: ROBERT CUTLIP OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: FIVE CONCOURSE PKWY
CITY/ST/ZIP/CO: SUITE 2020 ATLANTA, GA 30328

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER HALEY DIRECTOR 6 STONY MEADOW COURT LUTHERVILLE, MD 21093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE LIVINGSTON DIRECTOR 2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT TAYLOR DIRECTOR 22 STONE GATE COURT PIKESVILLE, MD 21208	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK WUEST DIRECTOR 38 SIDNEY STREET SUITE 180 CAMBRIDGE, MA 02139	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ralph Heins DIRECTOR 1445 Ross Avenue Suite 5150 Dallas, TX 75202	<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/ SHIRLEY A MALONEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHIRLEY A MALONEY, EXEC DIR PRINTED NAME AND CORPORATE TITLE	12/19/2012 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.			