

1.) CORPORATION NAME:

**Green Blue Institute**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LANCE HOSEY  
600 E WATER ST STE C  
CHARLOTTESVILLE, VA 22902**

SCC ID NO: **F1519661**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 EAST MARKET ST STE C

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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:           | GUY GLEYSSTEEN                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                      |   |  |
| ADDRESS:        | 600 E WATER ST<br>STE C        |   |  |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902      |   |  |
| NAME:           | ANDREA LARSON                  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                      |   |  |
| ADDRESS:        | 600 E WATER ST STE C           |   |  |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902      |   |  |
| NAME:           | PENNY FENNER-CRISP             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                      |   |  |
| ADDRESS:        | 600 E WATER ST<br>STE C        |   |  |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902      |   |  |
| NAME:           | LANCE HOSEY                    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIR                            |   |  |
| ADDRESS:        | 600 E WATER ST STE C           |   |  |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902      |   |  |
| NAME:           | MATTHEW REALFF PHD             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 600 E WATER ST STE C           |   |  |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902      |   |  |
| NAME:           | Roger McFadden                 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |   |  |
| ADDRESS:        | 600 E. Water Street<br>Suite C |   |  |
| CITY/ST/ZIP/CO: | Charlottesville, VA 22902      |   |  |

|  |  |  |
|--|--|--|
| NAME: Alan Blake<br>TITLE: DIRECTOR<br>ADDRESS: 600 E. Water Street<br>Suite C<br>CITY/ST/ZIP/CO: Charlottesville, VA 22902  | <input type="checkbox"/> OFFICER                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Lyn Brown<br>TITLE: DIRECTOR<br>ADDRESS: 600 E. Water Street<br>Suite C<br>CITY/ST/ZIP/CO: Charlottesville, VA 22902   | <input type="checkbox"/> OFFICER                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Janine James<br>TITLE: DIRECTOR<br>ADDRESS: 600 E. Water Street<br>Suite C<br>CITY/ST/ZIP/CO: Charlottesville, VA 22902  | <input type="checkbox"/> OFFICER                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Susan Lyons<br>TITLE: DIRECTOR<br>ADDRESS: 600 E. Water Street<br>Suite C<br>CITY/ST/ZIP/CO: Charlottesville, VA 22902   | <input type="checkbox"/> OFFICER                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Chuck Riegler<br>TITLE: DIRECTOR<br>ADDRESS: 600 Water Street<br>Suite C<br>CITY/ST/ZIP/CO: Charlottesville, VA 22902  | <input type="checkbox"/> OFFICER                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Anthony Russell<br>TITLE: DIRECTOR<br>ADDRESS: 600 E. Water Street<br>Suite C<br>CITY/ST/ZIP/CO: Charlottesville, VA 22902   | <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/ LANCE HOSEY<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | LANCE HOSEY, DIR<br>PRINTED NAME AND CORPORATE TITLE | 7/5/2012<br>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. |  |  |