

1.) CORPORATION NAME:

Green Blue Institute

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1519661**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GUY GLEYSSTEEN	
TITLE:	CHAIRMAN	
ADDRESS:	600 E WATER ST STE C	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREA LARSON	
TITLE:	TREASURER	
ADDRESS:	600 E WATER ST STE C	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PENNY FENNER-CRISP	
TITLE:	SECRETARY	
ADDRESS:	600 E WATER ST STE C	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LYN BROWN	
TITLE:	DIRECTOR	
ADDRESS:	600 E. WATER STREET SUITE C	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JANINE JAMES	
TITLE:	DIRECTOR	
ADDRESS:	600 E. WATER STREET SUITE C	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN LYONS	
TITLE:	DIRECTOR	
ADDRESS:	600 E. WATER STREET SUITE C	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

NAME: ROGER MCFADDEN TITLE: DIRECTOR ADDRESS: 600 E. WATER STREET SUITE C CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW REALFF PHD TITLE: DIRECTOR ADDRESS: 600 E WATER ST STE C CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHUCK RIEGLE TITLE: DIRECTOR ADDRESS: 600 WATER STREET SUITE C CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANTHONY RUSSELL TITLE: DIRECTOR ADDRESS: 600 E. WATER STREET SUITE C CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NINA GOODRICH TITLE: PRESIDENT ADDRESS: 600 E. Water Street Suite C CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input checked="" 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/ NINA GOODRICH	NINA GOODRICH, PRESIDENT	6/20/2013
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.		