

1.) CORPORATION NAME:

**Global Impact - International Charities (USED INVA BY:
Global Impact)**

DUE DATE: **5/31/2012**

SCC ID NO: **F1547613**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RENEE ACOSTA
66 CANAL CENTER PLAZA STE 310
ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 66 CANAL CENTER PLAZA
STE 310

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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: | RENEE S ACOSTA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 66 CANAL CENTER PLAZA STE 310 ALEXANDRIA, VA 22314 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | H KENNETH FLEISHMAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SEC/TREAS | | |
| ADDRESS: | 7735 OLD GEORGETOWN RD STE 310 BETHESDA, MD 20814 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | STANLEY M BERMAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CFO | | |
| ADDRESS: | 66 CANAL CENTER PLAZA STE 310 ALEXANDRIA, VA 22314 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | JOSEPH A CRUPI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 14516 HIGH MEADOW WAY NORTH POTOMAC, MD 20878 | | |
| CITY/ST/ZIP/CO: | | | |
| NAME: | LAWRENCE J CAVAIOLA | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | PO BOX 952 SEVERNA PARK, MD 21146 | | |
| CITY/ST/ZIP/CO: | | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SCOTT JACKSON CEO 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARK OLIPHANT CIOO 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | PETER GRANT CHAIRMAN 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TIMOTHY BLOECHL DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MAMADU M. DJALO DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STAN M. HARRELL DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | KAREN R. JOHNSON DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES B KANUCH DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES B. KANUCH DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | NANCY A. KELLY DIRECTOR 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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| NAME: MARYON DAVIES LEWIS TITLE: DIRECTOR ADDRESS: 66 CANAL CENTER PLAZA SUITE 310 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: DARIUS MANS TITLE: DIRECTOR ADDRESS: 66 CANAL CENTER PLAZA SUITE 310 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: STEVE POLO TITLE: DIRECTOR ADDRESS: 66 CANAL CENTER PLAZA SUITE 310 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: RABIH TORBAY TITLE: DIRECTOR ADDRESS: 66 CANAL CENTER PLAZA SUITE 310 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: MAURICIO VIVERO TITLE: DIRECTOR ADDRESS: 66 CANAL CENTER PLAZA SUITE 310 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <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/ SCOTT JACKSON | SCOTT JACKSON, CEO | 5/25/2012 |
| 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. | | |