

1.) CORPORATION NAME:

**Heifer Project International**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1562430**

5.) STOCK INFORMATION

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

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 WORLD AVE

CITY/ST/ZIP: LITTLE ROCK, AR 72202

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: PIERRE FERRARI TITLE: PRESIDENT ADDRESS: 1 WORLD AVE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIMBERLY AHLGRIM TITLE: VICE PRESIDENT ADDRESS: 1 WORLD AVENUE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHAD AVERY TITLE: VICE PRESIDENT ADDRESS: 1 WORLD AVENUE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ELIZABETH BINTLIFF TITLE: VICE PRESIDENT ADDRESS: 1 WORLD AVENUE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: OSCAR CASEANEDA TITLE: VICE PRESIDENT ADDRESS: 1 WORLD AVENUE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LEESA FERGUSON TITLE: VICE PRESIDENT ADDRESS: 1 WORLD AVENUE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY JONES-NYLAND VICE PRESIDENT 1 WORLD AVENUE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH KEENE VICE PRESIDENT 1 WORLD AVENUE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAHENDRA LOHANI VICE PRESIDENT 1 LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESUS PIZARRO VICE PRESIDENT 1 WORLD AVENUE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY SANDERS VICE PRESIDENT 1 WORLD AVENUE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PIETRO TURILLI VICE PRESIDENT 1 WORLD AVENUE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT S. BLOOM TREASURER 1 WORLD AVE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE DENNE SECRETARY 1 WORLD AVE LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCINE ANTHONY DIRECTOR 5666 TELEGRAPH AVENUE OAKLAND, CA 94609	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EFRAIN DIAZ ARRIVILLAGA DIRECTOR WEG 12 D-10117 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN DOLL DIRECTOR 11349 N. LINNWOOD LANE MEQUON, WI 53092	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN B. FULTON DIRECTOR 4520 EAST WEST HIGHWAY SUITE 450 BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA M. GODDEN, DVM DIRECTOR 2290 BREWSTER STREET ST. PAUL, MN 55108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN GRANT DIRECTOR ONE CNN CENTER NT1213A ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON HAMMOND DIRECTOR 29 DICKINSON AVENUE NYACK, NY 10960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANKLIN ISHIDA DIRECTOR 8765 WEST HIGGINS ROAD CHICAGO, IL 60631	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUNE KIM DIRECTOR 475 RIVERSIDE DRIVE ROOM 330 NEW YORK, NY 10115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SKIRMA A. KONDRATAS DIRECTOR KONSTITUCIJOS PR. 9-100 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. JOHNSON NKUUHE DIRECTOR 24 PRINCE CHARLES DRIVE, KOLOLO , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN SANDERS DIRECTOR 700 PROSPECT AVENUE CLEVELAND, OH 44115-1100	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. DOUGLAS SMITH DIRECTOR 5186 KEITTS CORNER ROAD MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES STEWART DIRECTOR 21 BASCOM DRIVE LITTLE ROCK, AR 72223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLENE WITHERS DIRECTOR 3179 DRAGONFLY STREET GLENDALE, CA 91206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY A. WITTMAYER DIRECTOR 1451 DUNDEE AVENUE ELGIN, IL 60120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. C Devendra DIRECTOR 130a JALAN SWAN JAWA, TAMAN YARL KUALA LUMPUR, , MY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ben Cohen DIRECTOR 191 BANK STREET BURLINGTON, VT 05401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George Petty DIRECTOR 15 CHEMIN LOUIS DEGALLIER GENEVA, , CH	<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/ PIERRE FERRARI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PIERRE FERRARI, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/9/2013 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.			