

1.) CORPORATION NAME:

THE JOHN MARSHALL MEMORIAL PARK FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203

DUE DATE: **7/31/2011**

SCC ID NO: **F1594565**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3876 LEARNING TREE LN

CITY/ST/ZIP: DELAPLANE, VA 20144-

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: HARRY L CARRICO
TITLE: PRESIDENT
ADDRESS: 209 W FRANKLIN ST
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

OFFICER

DIRECTOR

NAME: MARY C COLLINS
TITLE: PRESIDENT
ADDRESS: 3876 LEARNING TREE LANE
CITY/ST/ZIP/CO: DELAPLANE, VA 20144-

OFFICER

DIRECTOR

NAME: DAVID C COLLINS
TITLE: SECRETARY
ADDRESS: 3876 LEARNING TREE LN
CITY/ST/ZIP/CO: DELAPLANE, VA 20144-

OFFICER

DIRECTOR

NAME: ALBERT J BEVERIDGE III
TITLE: DIRECTOR
ADDRESS: BEVERIDGE & DIAMOND
1350 I STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20005-

OFFICER

DIRECTOR

NAME: LYNN BRACKENRIDGE
TITLE: DIRECTOR
ADDRESS: 209 W FRANKLIN ST
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. LANGHORNE KEITH DIRECTOR PO BOX 684 COOPERSTOWN, NY 13326-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W. MORRIS III DIRECTOR MORRIS & MORRIS 801 E. MAIN ST. RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. BARRETT PRETTYMAN, JR. DIRECTOR HOGAN & HARTSON 555 13TH ST, NW WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN EDWARD SMITH DIRECTOR MARSHALL UNIVERSITY 609 HAWTHORNE WAY HUNTINGTON, WV 25701-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H. WEBSTER DIRECTOR MILBANK-TWEED 1850 K ST, NW STE 1100 WASHINGTON, DC 20006-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ MARY C COLLINS</u>	<u>MARY C COLLINS, PRESIDENT</u>	<u>8/11/2011</u>
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.