

1.) CORPORATION NAME:

NFL/NFLPA Research and Education Foundation, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **3/31/2012**

SCC ID NO: **F1739459**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 36585 SAWMILL LANE

CITY/ST/ZIP: PURCELLVILLE, VA 20132-

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: | MARY K FITZGERALD, JD | | | |
| TITLE: | P/D | | | |
| ADDRESS: | 315 NEW ST | | | |
| CITY/ST/ZIP/CO: | PHILADELPHIA, PA 19106- | | | |

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|-----------------|-------------------------------------|---------|--------------------------|----------|
| | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | LAWRENCE L LAMADE | | | |
| TITLE: | ASST SEC/TREAS | | | |
| ADDRESS: | 1333 NEW HAMPSHIRE AVENUE NW | | | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036- | | | |

| | | | | |
|-----------------|--------------------------|---------|-------------------------------------|----------|
| | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | TIMOTHY BAYLOR | | | |
| TITLE: | DIRECTOR | | | |
| ADDRESS: | 2305 RIVER POINTE CIRCLE | | | |
| CITY/ST/ZIP/CO: | MINNEAPOLIS, MN 55411- | | | |

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|-----------------|------------------------------|---------|-------------------------------------|----------|
| | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | ERIK B KING MD | | | |
| TITLE: | DIRECTOR | | | |
| ADDRESS: | 2300 CHILDREN'S PLAZA BOX 69 | | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60614- | | | |

| | | | | |
|-----------------|--------------------------|---------|-------------------------------------|----------|
| | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | WAYNE A SEATON | | | |
| TITLE: | DIRECTOR | | | |
| ADDRESS: | 110 WALL ST SIXTH FL | | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005- | | | |

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|-----------------|-----------------------|----------------------------------|--|
| NAME: | STACY ROBINSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1133 20TH STREET NW | | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20036- | | |

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/ LAWRENCE L LAMADE</u> | <u>LAWRENCE L LAMADE, ASST</u> | <u>2/14/2012</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>SEC/TREAS</u> 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.