

1.) CORPORATION NAME:

**NATIONAL KIDNEY FOUNDATION, INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC  
4445 CORPORATIONS LN 2ND FL  
VIRGINIA BEACH, VA**

SCC ID NO: **F1795352**

5.) STOCK INFORMATION

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

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30 EAST 33RD ST  
CITY/ST/ZIP: NEW YORK, NY 10016

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:	LYNDA SECZECH MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 WATERVIEW COURT		
CITY/ST/ZIP/CO:	SUITE 275 DURHAM, NC 27703		

NAME:	WILLIAM G DESSOFFY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1230 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		

NAME:	BRUCE SKYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	30 E 33RD STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10016		

NAME:	ED WALTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6903 ROCKLEDGE DRIVE		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	GEORGE L BAKRIS, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5841 S. MARYLAND AVE		
CITY/ST/ZIP/CO:	MC 1027 CHICAGO, IL 60637		

NAME:	TODD BAUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 N. MERAMEC		
CITY/ST/ZIP/CO:	SUITE 210 ST. LOUIS, MO 63105		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN BECKER, MD DIRECTOR 1853 W. POLK STREET M/C 784 CHICAGO, IL 60612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. BRUCE BOWDEN DIRECTOR 525 WILLIAM PENN PLACE 30TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEREK BRUCE DIRECTOR 250 N. ORANGE AVE SUITE 600 ORLANDO, FL 32814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CARLSON DIRECTOR 1116 CATON DRIVE VIRGINIA BEACH, VA 23454	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL CRAWFORD, MD DIRECTOR 9730 SOUTHWESTERN AVE SUITE 326 EVERGREEN PARK, IL 60805	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE DAVIS DIRECTOR 1530 3RD AVE S BIRMINGHAM, AL 35294	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN DILSHEIMER DIRECTOR 229 RIGHTERS MILL ROAD GLADWYNE, PA 19035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM HOUGH DIRECTOR 2613 RUTGERS COURT PLANO, TX 75093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN LONGINO DIRECTOR 17 CHIEFTANS ROAD GREENWICH, CT 06831	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS MCDONOUGH DIRECTOR 11617 MEADOW RIDGE LANE GREAT FALLS, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ART PASQUARELLA, CRE TITLE: DIRECTOR ADDRESS: 1500 MARKET STREET 3000 CENTRE SQUARE WEST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN PASTAN TITLE: DIRECTOR ADDRESS: 1365 CLIFTON ROAD, NE B6400 CITY/ST/ZIP/CO: ATLANTA, GA 30322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETH PIRAINO, MD TITLE: PRESIDENT ADDRESS: 3504 FIFTH AVE SUITE 200 CITY/ST/ZIP/CO: PITTSBURGH, PA 15213	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY SCOTT TITLE: DIRECTOR ADDRESS: 24 INVERNESS LANE CITY/ST/ZIP/CO: NEWPORT BEACH, CA 92660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SEXTON TITLE: DIRECTOR ADDRESS: 219 INDIAN WELLS DR CITY/ST/ZIP/CO: SPARTANBURG, SC 29306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL WATTS, CPA TITLE: DIRECTOR ADDRESS: 10960 WILSHIRE BLVD SUITE 2200 CITY/ST/ZIP/CO: LOS ANGELES, CA 90024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY S. BERNS, MD TITLE: DIRECTOR ADDRESS: 3400 SPRUCE ST 1 FOUNDERS PAVILION CITY/ST/ZIP/CO: PHILADELPHIA, PA 19104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM ELKIN TITLE: DIRECTOR ADDRESS: 11733 SADDLE CRESCENT CIRLCE CITY/ST/ZIP/CO: OAKTON, VA 22124	<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/ BRUCE SKYER	BRUCE SKYER, CEO	5/20/2013
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.		