

1.) CORPORATION NAME:

The Tony Blair Faith Foundation -- US

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1857897**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 409 PROSPECT STREET

CITY/ST/ZIP: NEW HAVEN, CT 06511

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:	TONY BLAIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511		

NAME:	RUTH TURNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/SEC		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511		

NAME:	LINDA LE SOURD LADER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511		

NAME:	AL SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511		

NAME:	Tim Collins	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, VA 06511		

NAME:	Charlotte Clementine Keenan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Exec Director		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, VA 06511		

NAME: Katherine Losowsky TITLE: SECRETARY ADDRESS: 409 PROSPECT STREET CITY/ST/ZIP/CO: NEW HAVEN, VA 06511	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Perry Christopher Martin TITLE: TREASURER ADDRESS: 409 PROSPECT STREET CITY/ST/ZIP/CO: NEW HAVEN, VA 06511	<input checked="" type="checkbox"/> OFFICER	<input 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.

/s/ Perry Christopher Martin SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Perry Christopher Martin, TREASURER PRINTED NAME AND CORPORATE TITLE	7/2/2013 DATE
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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.