

1.) CORPORATION NAME:

The Tony Blair Faith Foundation -- US

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1857897**

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:

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:	PERRY CHRISTOPHER MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	409 PROSPECT STREET		
CITY/ST/ZIP/CO:	NEW HAVEN, VA 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: LINDA LE SOURD LADER TITLE: DIRECTOR ADDRESS: 409 PROSPECT STREET CITY/ST/ZIP/CO: NEW HAVEN, CT 06511	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AL SMITH TITLE: DIRECTOR ADDRESS: 409 PROSPECT STREET CITY/ST/ZIP/CO: NEW HAVEN, CT 06511	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LINDA MIRELS TITLE: DIRECTOR ADDRESS: 309 PROSPECT CITY/ST/ZIP/CO: NEW HAVEN, CT 06511	<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/ PERRY CHRISTOPHER MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PERRY CHRISTOPHER MARTIN, TREASURER PRINTED NAME AND CORPORATE TITLE	5/5/2014 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.		