

1.) CORPORATION NAME:

**MBA Opens Doors Foundation**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1885781**

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: 1717 RHODE ISLAND AVE NW STE 400

CITY/ST/ZIP: WASHINGTON, DC 20036

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:	Phyllis K. Slesinger	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1717 RHODE ISLAND AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	ANGELA LAZEAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS/CEO		
ADDRESS:	1717 RHODE ISLAND AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	SARAH TINSLEY DEMAREST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIR		
ADDRESS:	1717 RHODE ISLAND AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	DAVID H STEVENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5053 SEDGWICK ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20016		
NAME:	MARY STEVENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5053 SEDGWICK ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20016		
NAME:	Daniel Arrigonia	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1717 Rhode Island Avenue, NW Suite 400		
CITY/ST/ZIP/CO:	Washington, DC 20036		

NAME:	Martha Burke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1717 Rhode Island Avenue, NW Suite 400		
CITY/ST/ZIP/CO:	Washington, DC 20036		

NAME:	Karen Fratantoni	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1717 Rhode Island Avenue, NW Suite 400		
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.

/s/ Phyllis K. Slesinger	Phyllis K. Slesinger, SECRETARY	2/28/2013
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.