| No. C 120470 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. AMERICA'S CHARITIES PAMELA WALKER 14150 NEWBROOK DR STE 110 CHANTILLY VA 20151 USA | | 2. Registered Agent and Address (NO PO BOX) BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:* | | | | | | | | | | | |
|--|----------------------------------|---|---|--|----------|------------|----------------|-------------|------|------------------------|---|------|-------|---------|-------------|
| | | | | | | | | | | ess Addresses of Presi | dent, Secretary, and Directors. Treasurer (| | | | |
| | | | | | | | | Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR | PATRICK GA | | 12500 E. BELFORD AVENUE, M1-I | ENGLEWOOD | CO | USA | 80112 | | | | | | | | |
| DIRECTOR PAUL BURKE | | | 5325 16TH ROAD | ARLINGTON | VA | USA | 22205 | | | | | | | | |
| TREASURER ROBERT DUN | | | 13 KINGS ROAD | YORK | ME | USA | 03909 | | | | | | | | |
| SECRETARY JOI GORDON | | - | 32 EAST 31ST STREET, 7TH FLOOR | NEW YORK | NY | USA | 10016 | | | | | | | | |
| PRESIDENT STEVE DELF | | | 14150 NEWBROOK DRIVE SUITE 110 | CHANTILLY | VA | USA | 20151 | | | | | | | | |
| DIRECTOR | | | 5404 GALENA PLACE, NW | WASHINGTON | DC | USA | 20016 | | | | | | | | |
| DIRECTOR | CHARLOTTE COKER GIBSON | | 1800 TYSONS BOULEVARD | MCLEAN | VA | USA | 22102 | | | | | | | | |
| DIRECTOR DIRECTOR | ERLINE BELTON KATHERINE ELLER | | 41 HAWTHORNE STREET 1235 PINE STREET #4 | ROXBURY SAN FRANCISCO | MA CA | USA USA | 02119 94109 | | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | | | | | | | |
| DC C 120470 | | Signature: Steve Delfin | | Date: 06/11/2014 | | | | | | | | | | | |
| | | Name (type or prir | Title: President/CEO | | | | | | | | | | | | |
| Processed 06/11/201 | .4 | * Electronically provide | ed signatures are accepted as original sign | atures. | | | | | | | | | | | |