

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835263

FILED
Mar 30, 2007
Secretary of State

Entity Name: SCHNABEL FOUNDATION COMPANY

Current Principal Place of Business:

45240 BUSINESS CT
STE 250
STERLING, VA 20166703 US

New Principal Place of Business:

Current Mailing Address:

45240 BUSINESS CT
STE 250
STERLING, VA 20166703 US

New Mailing Address:

FEI Number: 53-0245401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ROBINSON, JAMES R,
Address: 8301 RIVER FALLS DRIVE
City-St-Zip: POTOMAC, MD

Title: V () Delete
Name: LUDWIG, HARALD
Address: 5210 RIVER ROAD
City-St-Zip: BETHESDA, MD 20816

Title: V () Delete
Name: BRANDL, ERNEST D,
Address: 2388 WOODLAND PARK
City-St-Zip: HOUSTON, TX

Title: V () Delete
Name: CHAPMAN, K RONALD,
Address: 2249 LOMOND LANE
City-St-Zip: WALNUT CREEK, CA 94598

Title: P () Delete
Name: DEATON, HUBERT J III,
Address: 907 HOLLY BLOSSOM COURT
City-St-Zip: GREAT FALLS, VA 22066

Title: V () Delete
Name: CONLON, CHARLES
Address: 210 CLEVELAND ST
City-St-Zip: CARY, IL 60013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: ROBINSON, JAMES R
Address: 8301 RIVER FALLS DRIVE
City-St-Zip: POTOMAC, MD

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R ROBINSON

ST

03/30/2007

Electronic Signature of Signing Officer or Director

_____ Date