

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004741

Entity Name: WOUNDED WARRIOR PROJECT, INC.**Current Principal Place of Business:**4899 BELFORT ROAD
SUITE 300
JACKSONVILLE, FL 32256**Current Mailing Address:**C/O CHARLES H. NAVE, PC 333 CHURCH AVE, SW
ROANOKE, VA 24016 50**FEI Number:** 20-2370934**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NARDIZZI, STEVEN
4899 BELFORT ROAD
SUITE 300
JACKSONVILLE, FL 32256 US*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

Officer/Director Detail :

Title ED
Name NARDIZZI, STEVEN
Address 4899 BELFORT ROAD, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title VPD
Name PRINCIPI, ANTHONY
Address 4899 BELFORT ROAD, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title SD
Name ORDIERNO, ANTHONY
Address 4899 BELFORT ROAD, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BATTAGLIA, CHARLES
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title PD
Name HALFAKER, DAWN
Address 4899 BELFORT ROAD, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DED
Name GIORDANO, ALBION
Address 4899 BELFORT ROAD, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name ABELL, CHARLES S
Address 4899 BELFORT ROAD, SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name CAMPBELL, ROGER
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN NARDIZZI**EXECUTIVE DIRECTOR****03/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CONSTANTINE, JUSTIN
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name DRACH, RON
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MANSFIELD, GORDON
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name STOCKWELL, MELISSA
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CFO
Name BURGESS, RONALD W
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF DEVELOPMENT OFFICER
Name SILVA, ADAM
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name DELANEY, KEVIN
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name LOOSEN, JOHN
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MCMICHAEL, GUY H
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name VAN CLEAVE, ROBB
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF PROGRAM OFFICER
Name CHWAT, JEREMY
Address 4899 BELFORT ROAD
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City-State-Zip: JACKSONVILLE FL 32256