

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002294

Entity Name: GLOBAL IMPACT - INTERNATIONAL CHARITIES, INC.**Current Principal Place of Business:**1199 N. FAIRFAX STREET
SUITE 300
ALEXANDRIA, VA 22314**Current Mailing Address:**1199 N. FAIRFAX STREET
SUITE 300
ALEXANDRIA, VA 22314 US**FEI Number:** 52-1273585**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name GRANT, PETER M
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title CFO
Name BERMAN, STANLEY M
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name CRUPI, JOSEPH A
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR - VICE CHAIR
Name KELLY, NANCY A
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title PRESIDENT
Name JACKSON, SCOTT
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name FLEISHMAN, H. KENNETH
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR - CHAIR
Name POLO, STEVE
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR -
SECRETARY/TREASURER
Name KANUCH, JAMES B
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

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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: STANLEY M. BERMAN**CFO****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRELL, STAN M
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name DJALO, MAMADU M.
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name LEWIS, MARYON D
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name TORBAY, RABIH
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name VIVERO, MAURICIO
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name BLOECHL, TIMOTHY
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name JOHNSON, KAREN R
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name WU, DAVID
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name ZELLEM, EDWARD CAPTAIN
Address 1199 N. FAIRFAX STREET
SUITE 300
City-State-Zip: ALEXANDRIA VA 22314