

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004606

FILED
Jan 16, 2009
Secretary of State

Entity Name: UNIVERSITY OF VIRGINIA FOUNDATION, INC.

Current Principal Place of Business:

ONE BOAR'S HEAD POINTE
CHARLOTTESVILLE, VA 22903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 400218
CHARLOTTESVILLE, VA 229044218

New Mailing Address:

FEI Number: 54-1682176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KINGTON, MARK J
Address: 201 N UNION STREET, SUITE 300
City-St-Zip: ALEXANDRIA, VA 22314

Title: SCEO () Delete
Name: ROSE, TIM R PH.D.
Address: P.O. BOX 400218
City-St-Zip: CHARLOTTESVILLE, VA 229044218

Title: T () Delete
Name: HUME, CLAIRE P
Address: P.O. BOX 400218
City-St-Zip: CHARLOTTESVILLE, VA 229044218

Title: D () Delete
Name: FRIED, BARBARA J
Address: 5924 FRIED FARM ROAD
City-St-Zip: CROZET, VA 22932

Title: D () Delete
Name: FITZ-HUGH, JR., G. SLAUGHTER
Address: 302 VIRGINIA AVENUE
City-St-Zip: RICHMOND, VA 23226

Title: D () Delete
Name: PATTESON, DAVID B
Address: 22 THORNWOOD ROAD
City-St-Zip: ITHACA, NY 14850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: FITZ-HUGH, JR., G. SLAUGHTER
Address: THREE JAMES CENTER, 12TH FLOOR
City-St-Zip: RICHMOND, VA 23219

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: D (X) Change () Addition
Name: KINGTON, MARK J
Address: 201 N. UNION STREET, SUITE 300
City-St-Zip: ALEXANDRIA, VA 22314

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE P. HUME

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

Date