

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29513

**Entity Name:** BRIGHTFOCUS FOUNDATION, INC.**Current Principal Place of Business:**22512 GATEWAY CENTER DRIVE  
CLARKSBURG, MD 20871**Current Mailing Address:**22512 GATEWAY CENTER DRIVE  
CLARKSBURG, MD 20871 US**FEI Number:** 23-7337229**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. 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 BARNETT, MICHAEL H ESQ.  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title TREASURER/DIRECTOR  
Name RAYMOND, NICHOLAS W  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title VICE PRESIDENT - FINANCE &  
ADMINISTRATION  
Name MARKS, DAVID CPA, CMA  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name KINOSHITA, JUNE  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name FRISCONE, GRACE  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title CHAIRMAN/DIRECTOR  
Name RODGVILLE, SCOTT CPA  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title PRESIDENT/CHIEF EXECUTIVE  
OFFICER  
Name HALLER, STACY  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title SECRETARY/DIRECTOR  
Name LEE, JUDITH PHD  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

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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:** DAVID F. MARKSVP - FINANCE &  
ADMINISTRATION

01/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE CHAIRPERSON/DIRECTOR  
Name MARCELLO, DIANE  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name REGAN, BRIAN K PHD  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title VP, - DEVELOPMENT  
Name ELDERTON, BRIAN  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG NY 20871

Title VP, - PUBLIC AFFAIRS  
Name BUCKLEY, MICHAEL  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name POWNALL, HENRY PHD  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name SCHOONVELD, ELTJO R  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title VP, - SCIENTIFIC AFFAIRS  
Name EAKIN, GUY PHD  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR  
Name DYCHT WALD, MADDY  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871