

2021 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:**15829 CRABBS BRANCH WAY, SUITE 100
ROCKVILLE, MD 20855 US**FEI Number:** 23-7337229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 RODGVILLE, SCOTT CPA
Address 22512 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

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

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

Title SECRETARY, DIRECTOR
Name DYCHTOWALD, MADDY
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 CHAIRPERSON/DIRECTOR
Name STEWART, PATRICIA
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 TREASURER, DIRECTOR
Name TREESE, J ETHAN
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: STACY PAGOS HALLER**PRESIDENT/CHIEF
EXECUTIVE OFFICER****03/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE CHAIRPERSON, DIRECTOR
Name ARRADAZA, CECILIA
Address 22512 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

Title DIRECTOR
Name KAISER, SCOTT DR.
Address 22512 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

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

Title DIRECTOR
Name SIEMERS, ERIC DR.
Address 22512 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871

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

Title SENIOR VICE PRESIDENT OF
DEVELOPMENT
Name ELDERTON, R. BRIAN
Address 22512 GATEWAY CENTER DRIVE
City-State-Zip: CLARKSBURG MD 20871