

**2022 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:**1395 PICCARD DRIVE  
SUITE 180  
ROCKVILLE, MD 20850 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 VICE PRESIDENT - FINANCE &  
ADMINISTRATION  
Name MARKS, DAVID CPA, CMA  
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 CHAIRPERSON/DIRECTOR  
Name STEWART, PATRICIA  
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 TREASURER, DIRECTOR  
Name TREESE, J ETHAN  
Address 22512 GATEWAY CENTER DRIVE  
City-State-Zip: CLARKSBURG MD 20871

Title VICE CHAIRPERSON, DIRECTOR  
Name ARRADAZA, CECILIA  
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

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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****03/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 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