

**2009 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



① CORPORATION NAME
Clarendon Foundation, Inc.

DUE DATE: **3/31/2009**
CORPORATION ID: **0372327-7**

② VA REGISTERED AGENT NAME AND ADDRESS: PRESIDENT.

KEMP R HARSHMAN
4201 S 31ST ST #826
ARLINGTON VA 22206

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
106 - ARLINGTON COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 4201 31 STREET SOUTH SUITE 826	ADDRESS:
CITY/ST/ZIP: ARLINGTON VA 22206-2187	CITY/ST/ZIP:

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: KEMP ROBERT HARSHMAN TITLE: PRESIDENT ADDRESS: 3126 WEST 51 STREET CITY/ST/ZIP: INDIANAPOLIS IN 46228 2112	NAME: _____ TITLE: _____ ADDRESS: _____ CITY/ST/ZIP: _____

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.


Kemp R. Harshman
1/12/09
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT
PRINTED NAME AND TITLE
DATE
President

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

2009 ANNUAL REPORT CONTINUED

DUE DATE: 3/31/2009
CORPORATE ID: 0372327-7

⑦ **DIRECTORS AND PRINCIPAL OFFICERS (continued):** All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

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<p align="right">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JEFFREY CARL JONES</p> <p>TITLE: VICE PRESIDENT</p> <p>ADDRESS: 787 WALDEN HILLS DRIVE</p> <p>CITY/ST/ZIP: MURRAY UT 84123 5007</p>	<p align="right">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
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