

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



① CORPORATION NAME:
Warrant Officers Heritage Foundation

DUE DATE: 07/31/09

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
DAVID P WELSH
WARRANT OFFICER HERITAGE FOUNDATION
462 HERNDON PKWY STE 207

SCC ID NO.: 0599484-3

HERNDON, VA 20170-5235

⑤ STOCK INFORMATION

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

CLASS	AUTHORIZED

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 type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: C/O DAVID P WELSH 462 HERNDON PKWY STE 207 C/O USAWOA	ADDRESS:
CITY/ST/ZIP HERNDON, VA 20170-5235	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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DAVID P WELSH	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 6254 MAGNOLIA DRIVE	ADDRESS:
CITY/ST/ZIP: CHINCOTEAGUE, VA 23336-6869	CITY/ST/ZIP:

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

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

2009 ANNUAL REPORT CONTINUED

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⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

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	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: THOMAS PIATTI TITLE: SEC/DIR ADDRESS: 363 MONTECRISTO COURT CITY/ST/ZIP: SEVERN, MD 21144-3423	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: RONALD J WHALEN TITLE: TREAS/DIR ADDRESS: 2146 WOODGLENN ROAD CITY/ST/ZIP: POTTSVILLE, PA 17901-1316	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: ALFRED E COX TITLE: VICE CHAIRMAN ADDRESS: 3827 CLUBHOUSE DRIVE CITY/ST/ZIP: FAYETTEVILLE, PA 17222-9659	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: RICHARD C MARKLE TITLE: CHAIRMAN ADDRESS: 4001 JAVINS DRIVE CITY/ST/ZIP: ALEXANDRIA, VA 22310-2036	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

2009 ANNUAL REPORT CONTINUED

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(7) DIRECTORS AND PRINCIPAL OFFICERS (continued)

Addition

OFFICER DIRECTOR

NAME: DONALD W. WOODRUFF

TITLE: DIRECTOR

ADDRESS: 5 KEY OAK DRIVE

CITY/ST/ZIP: POQUOSON, VA 23662-2057

Addition

OFFICER DIRECTOR

NAME: BEN F. GOTTFRIED

ADDRESS: 14 ROYAL DRIVE

CITY/ST/ZIP: MILFORD, DE 19963-3792

Addition

OFFICER DIRECTOR

NAME: DONALD E. HESS

TITLE: HISTORIAN EMERITUS

ADDRESS: 5239 TREVINO DRIVE

CITY/ST/ZIP: MASSANUTTEN, VA 22840-3321

Addition

OFFICER DIRECTOR

NAME: FRANKLIN D MEEKS

TITLE: WEB EDITOR

ADDRESS: 27 RIVERVIEW DRIVE

CITY/ST/ZIP: CHOCOWINITY, NC 27817-8832
