

**2007 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



- ① CORPORATION NAME:
Warrant Officers Heritage Foundation

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

HERNDON, VA 20170-5235
- ③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

- ④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: 07/31/07

CORPORATE ID: 0599484-3

⑤ STOCK INFORMATION

CLASS	AUTHORIZED

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: 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 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
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.

David P. Welsh DAVID P. WELSH, PRESIDENT 5/29/2007
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE DATE
LISTED IN THIS REPORT

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.

+ 0141923 000002781 095CC1

2007 ANNUAL REPORT CONTINUED

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

⑦ **DIRECTORS AND PRINCIPAL OFFICERS (continued):**

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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: THOMAS PIATTI TITLE: SEC/DIR ADDRESS: 363 MONTECRISTO COURT CITY/ST/ZIP: SEVERN, MD 21144-3423	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: RONALD J WHALEN TITLE: TREAS/DIR ADDRESS: 2146 WOODGLENN ROAD CITY/ST/ZIP: POTTSVILLE, PA 17901-1316	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: RICHARD C MARKLE TITLE: CHAIRMAN ADDRESS: 4001 JAVINS DRIVE CITY/ST/ZIP: ALEXANDRIA, VA 22310-2036	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ALFRED E COX TITLE: DIRECTOR ADDRESS: 3827 CLUBHOUSE DRIVE CITY/ST/ZIP: FAYETTEVILLE, PA 17222-9659	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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(7) DIRECTORS AND PRINCIPAL OFFICERS (continued)

OFFICER [] DIRECTOR [X]

NAME: DONALD W. WOODRUFF

TITLE: DIRECTOR

ADDRESS: 5 KEY OAK DRIVE

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

OFFICER [] DIRECTOR [X]

NAME: BEN F. GOTTFRIED

ADDRESS: 14 ROYAL DRIVE

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