

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214528094

1.) CORPORATION NAME:

**AMERICAN ASSOCIATION FOR CANCER EDUCATION, INC.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CUSTOM MANAGEMENT GROUP, LLC  
154 HANSEN ROAD  
SUITE 201**

SCC ID NO: **01599380**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**CHARLOTTESVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 154 HANSEN ROAD  
SUITE 201

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22911

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.

NAME:	LEVI ROSS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ROSWELL PARK CANCER INSTITUTE		
CITY/ST/ZIP/CO:	ELM & CARLTON STREETS BUFFALO, NY 14263		

NAME:	GILAD AMIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	BAYLOR COLLEGE OF MEDICINE		
CITY/ST/ZIP/CO:	1709 DRYDEN, SUITE 1610 HOUSTON, TX 77030		

NAME:	KATHLEEN HENEGHAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	American College of Surgeons		
CITY/ST/ZIP/CO:	633 N. St. Clair St Chicago, IL 60643		

NAME:	JENNIFER ALLUISI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	AACE		
CITY/ST/ZIP/CO:	154 HANSEN ROAD, SUITE 201 CHARLOTTESVILLE, VA 22911		

NAME:	Amr S. Soliman	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	University of NE Medical Center		
CITY/ST/ZIP/CO:	42nd and Emile Omaha, NE 68198		

NAME:	Natasha Riley	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Vista Community Clinic		
	1000 Vale Terr		
CITY/ST/ZIP/CO:	Vista, CA 92084		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JENNIFER ALLUISI	JENNIFER ALLUISI, DIRECTOR	5/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.