

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214511182

1.) CORPORATION NAME:

**Epilepsy Foundation of Virginia, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN WILLIS TONELSON**

SCC ID NO: **01819846**

**C/O EFVA**

**UVA HEALTH SCIENCES CTR / PO BOX 800659**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CHARLOTTESVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 800659  
UVA HEALTH SCIENCES CENTER

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22908

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:	LINDA BRIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	UVA MEDICAL CENTER #800659		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908		

NAME:	STACEY EPPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	BOX 800659 UVASCH		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908		

NAME:	LISA GARNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 800659		
CITY/ST/ZIP/CO:	UVA MED CTR CHARLOTTESVILLE, VA 22908		

NAME:	RICHARD JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 800659		
CITY/ST/ZIP/CO:	UVA HS CENTER CHARLOTTESVILLE, VA 22908		

NAME:	SUZANNE BISCHOFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 800659		
CITY/ST/ZIP/CO:	UVA HEALTH SCIENCES CENTER CHARLOTTESVILLE, VA 22908		

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/ SUZANNE BISCHOFF	SUZANNE BISCHOFF, DIRECTOR	2/28/2014
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.		