

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213517527

1.) CORPORATION NAME:

LOVE FUNDING CORPORATION

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **02545622**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1250 CONNECTICUT AVE NW
SUITE 310

CITY/ST/ZIP: WASHINGTON, DC 20036

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:	MARK R DELLONTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1250 CONNECTICUT AVE NW STE 310		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	KAREN L. FORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VICE PRES		
ADDRESS:	21 WHITE OAKS LANE		
CITY/ST/ZIP/CO:	HATTIESBURG, MS 39402		

NAME:	ANDREW S LOVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	212 S CENTRAL AVENUE SUITE 201		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63105		

NAME:	GLORIA D CLEMENT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	212 S CENTRAL AVENUE STE 304		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63105		

NAME:	LAURENCE A SCHIFFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	212 S CENTRAL AVENUE SUITE 201		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63105		

NAME:	RICHARD M STEVENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	212 S CENTRAL AVENUE		
CITY/ST/ZIP/CO:	SUITE 201 ST LOUIS, MO 63105		

NAME:	DAVID P MINTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	212 S CENTRAL AVENUE		
CITY/ST/ZIP/CO:	SUITE 200 ST LOUIS, MO 63105		

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/ GLORIA D CLEMENT	GLORIA D CLEMENT, ASST	4/11/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.