

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212548992

1.) CORPORATION NAME:

UNIVERSITY OF VIRGINIA HOSPITAL AUXILIARY

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SUE B PICKETT
UNIV OF VA HOSP AUXILIARY INC
BOX 191-72 UNIV OF VA MEDICAL CTR**

SCC ID NO: **02799294**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
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CHARLOTTESVILLE, VA 22908

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: UNIVERSITY OF VA. HOSPITAL AUXILIARY, INC.
HOSPITAL BOX 800668

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: | SUSAN ZINSER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | UVA HOSPITAL | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22908 | | |

| | | | |
|-----------------|--|---|--|
| NAME: | Jane McLaughlin | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | UVA Hospital | | |
| CITY/ST/ZIP/CO: | PO Box 800668 Charlottesville, VA 22908 | | |

| | | | |
|-----------------|--|---|--|
| NAME: | Cal Nichols | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | UVA Hospital | | |
| CITY/ST/ZIP/CO: | PO Box 800668 Charlottesville, VA 22908 | | |

| | | | |
|-----------------|--|---|--|
| NAME: | Clark Blight | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | UVA Hospital | | |
| CITY/ST/ZIP/CO: | PO Box 800668 Charlottesville, VA 22908 | | |

| | | | |
|-----------------|--|---|--|
| NAME: | Lynda Dunn | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | 2nd Vice Pres. | | |
| ADDRESS: | UVA Hospital | | |
| CITY/ST/ZIP/CO: | PO Box 800668 Charlottesville, VA 22908 | | |

| | | | |
|-----------------|--|---|--|
| NAME: | Pat Periolat | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | 3rd Vice Pres | | |
| ADDRESS: | UVA Hospital | | |
| CITY/ST/ZIP/CO: | PO Box 800668 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/ Jane McLaughlin | Jane McLaughlin, PRESIDENT | 12/19/2012 |
| 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.