

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214539345

1.) CORPORATION NAME:

JANELIA FOUNDATION

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES WINKLER
3001 PARK CENTER DR #308
ALEXANDRIA, VA**

SCC ID NO: **03030004**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN: BETSY TAYLOR
7322 WILLOW AVENUE

CITY/ST/ZIP: TAKOMA PARK, MD 20912

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:	DIANE CURRAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	22 MONTGOMERY AVENUE		
CITY/ST/ZIP/CO:	TAKOMA PARK, MD 20912		

NAME:	JIM WINKLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3001 PARK CENTER DRIVE #308		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		

NAME:	BETSY TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	7322 WILLOW AVE		
CITY/ST/ZIP/CO:	TAKOMA PARK, MD		

NAME:	VIVIAN BUCKINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12203 ASHLEY COURT		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112		

NAME:	JOHN CAVANAGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1112 16TH STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	MARY KADZIELSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 19367		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME: ROBERT MUSIL TITLE: DIRECTOR ADDRESS: 8600 IRVINGTON AVENUE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THU PHAM TITLE: DIRECTOR ADDRESS: 1200 18TH ST NW #310 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DIANE CURRAN	DIANE CURRAN, PRESIDENT	8/15/2014
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.