

1.) CORPORATION NAME:

**THE FOOD ALLERGY AND ANAPHYLAXIS NETWORK**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
ANNE MUNOZ-FURLONG  
11781 LEE JACKSON HWY STE 160  
FAIRFAX, VA 22033-3309**

DUE DATE: **11/30/2010**

SCC ID NO: **03840907**

5.) STOCK INFORMATION

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

**FAIRFAX CITY (FILED IN FAIRFAX COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11781 LEE JACKSON HWY  
SUITE 160

CITY/ST/ZIP: FAIRFAX, VA 22033-3309

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTINA FANNING	
TITLE:	T/CFO	
ADDRESS:	11781 LEE JACKSON HWY STE 160	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-3309	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JIM BENSON	
TITLE:	DIRECTOR	
ADDRESS:	1162 REGAL OAK DRIVE	
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH LEVITT	
TITLE:	DIRECTOR	
ADDRESS:	555 13TH ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20015-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RON TRIANI	
TITLE:	DIRECTOR	
ADDRESS:	6008 HAWK ROAD	
CITY/ST/ZIP/CO:	RIEGELSVILLE, PA 18077-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JANET ATWATER	
TITLE:	VICE CHAIRMAN	
ADDRESS:	2 CROSSART MANOR ROAD	
CITY/ST/ZIP/CO:	CHADDS FORD, PA 19317-	

NAME: JULIA BRADSHER TITLE: PRESIDENT ADDRESS: 11781 LEE JACKSON HWY STE 160 CITY/ST/ZIP/CO: FAIRFAX, VA 22033-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW GILMAN TITLE: CHAIRMAN ADDRESS: 1901 L ST, NW STE 707 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE BIRKEY TITLE: DIRECTOR ADDRESS: 42 SERENADE PARK CITY/ST/ZIP/CO: N EASTON, MA 02356-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL LADE TITLE: DIRECTOR ADDRESS: 1300 POST OAK BLVD STE 1210 CITY/ST/ZIP/CO: HOUSTON, TX 77056-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ADAM MILLER TITLE: DIRECTOR ADDRESS: 1601 CLOVERFIELD BLVD STE 620S CITY/ST/ZIP/CO: SANTA MONICA, CA 90404-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SYLVIA ROWE TITLE: DIRECTOR ADDRESS: 1100 CONNECTICUT AVE, NW STE 1000 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIREILLE SCHWARTZ TITLE: DIRECTOR ADDRESS: 70 FIFTH AVE CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94118-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID THARP TITLE: DIRECTOR ADDRESS: 6200 AURORA AVE STE 200W CITY/ST/ZIP/CO: DES MOINES, IA 50322-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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/ CHRISTINA FANNING	CHRISTINA FANNING, T/CFO	11/5/2010
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.