

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211527247

1.) CORPORATION NAME:

**THE FOOD ALLERGY AND ANAPHYLAXIS NETWORK**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**CHRISTINA FANNING**

**11781 LEE JACKSON HWY, STE 160**

**FAIRFAX, VA 22033-3309**

DUE DATE: **11/30/2011**

SCC ID NO: **03840907**

5.) STOCK INFORMATION

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

**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.

NAME: CHRISTINA FANNING  
TITLE: T/CFO  
ADDRESS: 11781 LEE JACKSON HWY  
STE 160  
CITY/ST/ZIP/CO: FAIRFAX, VA 22033-3309

OFFICER

DIRECTOR

NAME: ANDREW GILMAN  
TITLE: CHAIRMAN  
ADDRESS: 1901 L ST, NW  
STE 707  
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: JULIE BIRKEY  
TITLE: DIRECTOR  
ADDRESS: 42 SERENADE PARK  
CITY/ST/ZIP/CO: N EASTON, MA 02356-

OFFICER

DIRECTOR

NAME: MICHAEL LADE  
TITLE: DIRECTOR  
ADDRESS: 1300 POST OAK BLVD  
STE 1210  
CITY/ST/ZIP/CO: HOUSTON, TX 77056-

OFFICER

DIRECTOR

NAME: ADAM MILLER  
TITLE: DIRECTOR  
ADDRESS: 1601 CLOVERFIELD BLVD  
STE 620S  
CITY/ST/ZIP/CO: SANTA MONICA, CA 90404-

OFFICER

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: MARIA ACEBAL 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: JULIA BRADSHER TITLE: President 01-05 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: TRACEY DOI TITLE: DIRECTOR ADDRESS: 19001 S. WESTERN AVENUE CITY/ST/ZIP/CO: TORRANCE, CA 90501-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: L. ROBERT LAKE TITLE: DIRECTOR ADDRESS: 13081 ORMOND DRIVE CITY/ST/ZIP/CO: BRISTOW, VA 20136-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JANET ATWATER TITLE: CHAIRMAN ADDRESS: 2 CROSSART MANOR ROAD CITY/ST/ZIP/CO: CHADDS FORD, PA 19317-	<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.		
<u>/s/ CHRISTINA FANNING</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTINA FANNING, T/CFO</u> PRINTED NAME AND CORPORATE TITLE	<u>11/10/2011</u> 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.		