

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212504960

1.) CORPORATION NAME:

American College of Bankruptcy Foundation

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JAMES MANSFIELD

4084 UNIVERSITY DR STE 100 A

FAIRFAX, VA 22030-6803

SCC ID NO: **05735832**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PMB 626A 11350 RANDOM HILLS ROAD
SUITE 800

CITY/ST/ZIP: FAIRFAX, VA 22030-

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: PATRICIA REDMOND
TITLE: SECRETARY
ADDRESS: 150 WEST FLAGLER ST
25TH FLOOR
CITY/ST/ZIP/CO: MIAMI, FL 33130-

OFFICER

DIRECTOR

NAME: JOEL R OHLGREN
TITLE: CHAIRMAN
ADDRESS: 1111 CHAPALA
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

DIRECTOR

NAME: D JANSING BAKER
TITLE: DIRECTOR
ADDRESS: FOUR TIMES SQUARE RM 26-336
CITY/ST/ZIP/CO: NEW YORK, NY 10036-

OFFICER

DIRECTOR

NAME: SHARI BEDKER
TITLE: DIRECTOR
ADDRESS: PMB 626A, 11350 RANDOM HILLS ROAD
SUITE 800
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER

DIRECTOR

NAME: RICHARD P. CARMODY
TITLE: DIRECTOR
ADDRESS: 2100 3RD AVENUE NORTH
SUITE 1100
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35203-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L. COOK DIRECTOR 919 THIRD AVENUE NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE COPPEL DIRECTOR 233 EAST REDWOOD STREET BALTIMORE, MD 21202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN COUSINS DIRECTOR ONE METROPOLITAN SQUARE SUITE 2600 ST. LOUIS, MO 63102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL DALEY DIRECTOR 60 STATE STREET, 25TH FLOOR BOSTON, MA 02109-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JO HESTON DIRECTOR 1420 FIFTH AVENUE SUITE 4100 SEATTLE, WA 98101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HON. LAUREL MEYERSON ISICOFF DIRECTOR 51 S.W. FIRST AVENUE CHAMBERS ROOM 1411 MIAMI, FL 33130-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN W. KORNBERG DIRECTOR 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN J. MCCARDELL DIRECTOR 111 EAST BROADWAY, SUITE 900 P.O. BOX 4050 SALT LAKE CITY, UT 84110-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G. CHRISTOPHER MEYER DIRECTOR 127 PUBLIC SQUARE 4900 KEY TOWER CLEVELAND, OH 44114-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D. PENN DIRECTOR 201 MAIN STREET SUITE 2200 FORT WORTH, TX 76102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HON. DIANE SIGMUND DIRECTOR 618 REVERE ROAD MERION, PA 19066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. PATRICK VANCE DIRECTOR 201 ST. CHARLES AVENUE 49TH FLOOR NEW ORLEANS, LA 70170-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD T PETERS DIRECTOR 555 WEST FIFTH ST STE 4000 LOS ANGELES, CA 90013-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES L BAILLIE DIRECTOR 200 SOUTH SIXTH STREET SUITE 4000 MINNEAPOLIS, MN 55402-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ST. PATRICK BAXTER DIRECTOR 1201 PENNSYLVANIA AVENUE WASHINGTON, DC 20004-	<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/ SHARI BEDKER	SHARI BEDKER, DIRECTOR	2/8/2012	
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.			