

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213512341

1.) CORPORATION NAME:

**American College of Bankruptcy Foundation**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES MANSFIELD  
10621 JONES STREET  
SUITE 201-B**

SCC ID NO: **05735832**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**FAIRFAX, VA 22030**

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:	JAMES L BAILLIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 SOUTH SIXTH STREET SUITE 4000		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402		

NAME:	MICHAEL ST. PATRICK BAXTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 PENNSYLVANIA AVENUE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

NAME:	SHARI BEDKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PMB 626A, 11350 RANDOM HILLS ROAD SUITE 800		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	RICHARD P. CARMODY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 3RD AVENUE NORTH SUITE 1100		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35203		

NAME:	MICHAEL L. COOK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	919 THIRD AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

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:	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:	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:	HON. DIANE SIGMUND DIRECTOR 618 REVERE ROAD MERION, PA 19066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: R. PATRICK VANCE TITLE: CHAIRMAN ADDRESS: 201 ST. CHARLES AVENUE 49TH FLOOR CITY/ST/ZIP/CO: NEW ORLEANS, LA 70170	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas Lumsden TITLE: TREASURER ADDRESS: 11 Hawkins Way CITY/ST/ZIP/CO: Larkspur, CA 94939	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lisa Donahue TITLE: DIRECTOR ADDRESS: 40 West 57th Street CITY/ST/ZIP/CO: New York, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard G. Mason TITLE: DIRECTOR ADDRESS: 51 West 52nd Street CITY/ST/ZIP/CO: New York, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Claudia Springer TITLE: DIRECTOR ADDRESS: 2500 One Liberty Place CITY/ST/ZIP/CO: Philadelphia, PA 19103-7301	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARI BEDKER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	3/12/2013 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.		