

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214505503

1.) CORPORATION NAME:

**American College of Bankruptcy Foundation**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES MICHAEL MANSFIELD  
10560 MAIN ST STE 511  
FAIRFAX, VA**

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: THOMAS LUMSDEN  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 11 HAWKINS WAY  
CITY/ST/ZIP/CO: LARKSPUR, CA 94939

NAME: JAMES L BAILLIE  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 200 SOUTH SIXTH STREET  
SUITE 4000  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402

NAME: R. PATRICK VANCE  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 201 ST. CHARLES AVENUE  
49TH FLOOR  
CITY/ST/ZIP/CO: NEW ORLEANS, LA 70170

NAME: MICHAEL ST. PATRICK BAXTER  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 1201 PENNSYLVANIA AVENUE  
CITY/ST/ZIP/CO: WASHINGTON, DC 20004

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

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

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:	LISA DONAHUE DIRECTOR 40 WEST 57TH STREET NEW YORK, NY 10019	<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:	RICHARD G. MASON DIRECTOR 51 WEST 52ND STREET NEW YORK, NY 10019	<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: HON. DIANE SIGMUND TITLE: DIRECTOR ADDRESS: 618 REVERE ROAD CITY/ST/ZIP/CO: MERION, PA 19066	<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
NAME: Danny C. Kelly TITLE: DIRECTOR ADDRESS: 201 South Main Street CITY/ST/ZIP/CO: Suite 1100 Salt Lake City, UT 84111-4904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Daniel R. Murray TITLE: DIRECTOR ADDRESS: 353 N. Clark Street CITY/ST/ZIP/CO: 36th Floor Chicago, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lawrence Peitzman TITLE: DIRECTOR ADDRESS: 2029 Century Park East CITY/ST/ZIP/CO: Suite 3100 Los Angeles, CA 90067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Debra Grassgreen TITLE: DIRECTOR ADDRESS: 150 California Street CITY/ST/ZIP/CO: 15th Floor San Francisco, CA 94111	<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	1/27/2014
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.		