

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212514660

1.) CORPORATION NAME:

Trisomy 18 Support, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VICTORIA J MILLER
2201 MERSEYSIDE DRIVE
WOODBIDGE, VA 22191**

SCC ID NO: **05979240**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4491 CHESHIRE STATION PLAZA
SUITE 157

CITY/ST/ZIP: DALE CITY, VA 22193

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:	VICTORIA J MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/EXEC DIRECTOR		
ADDRESS:	4491 CHESHIRE STATION PLAZA SUITE 157		
CITY/ST/ZIP/CO:	DALE CITY, VA 22193		

NAME:	JEANNE CLARK, PH.D.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	2408 ROCKWOOD AVENUE		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21209-4222		

NAME:	SUSAN DONOHOE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	4491 CHESHIRE STATION PLAZA SUITE 157		
CITY/ST/ZIP/CO:	DALE CITY, VA 22193		

NAME:	DONALD E MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	4491 CHESHIRE STATION PLAZA SUITE 157		
CITY/ST/ZIP/CO:	DALE CITY, VA 22193		

NAME:	CHRISTENA PAZOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	515 S 28TH COURT		
CITY/ST/ZIP/CO:	HOLLYWOOD, FL 33020-4735		

NAME:	STEPHEN SMOLKA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	2408 ROCKWOOD AVENUE		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21209-4222		

NAME: Susan L. Hasegawa TITLE: BOARD MEMBER ADDRESS: 1741 West Barry Avenue CITY/ST/ZIP/CO: Chicago, IL 60657	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Laura Weil-McClelland TITLE: Board Member ADDRESS: 6004 Crocus Court CITY/ST/ZIP/CO: Alexandria, VA 22310	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Neil Lamb TITLE: Board Member ADDRESS: 601 Genome Way CITY/ST/ZIP/CO: Huntsville, AL 35806	<input checked="" type="checkbox"/> OFFICER	<input 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/ VICTORIA J MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VICTORIA J MILLER, P/EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	4/23/2012 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.		