

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213522509

1.) CORPORATION NAME:

Trisomy 18 Support, Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05979240**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2201 Merseyside Drive

CITY/ST/ZIP: Woodbridge, VA 22191

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.

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

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

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

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

NAME: CHRISTENA PAZOS TITLE: BOARD MEMBER ADDRESS: 515 S 28TH COURT CITY/ST/ZIP/CO: HOLLYWOOD, FL 33020-4735	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEPHEN SMOLKA TITLE: BOARD MEMBER ADDRESS: 2408 ROCKWOOD AVENUE CITY/ST/ZIP/CO: BALTIMORE, MD 21209-4222	<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	
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	5/13/2013 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.		