

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213545081

1.) CORPORATION NAME:

Disability Funders Network, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN G REARDON
411 E FRANKLIN ST STE 600
RICHMOND, VA**

SCC ID NO: **06236640**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13725 SYCAMORE VILLAGE DR

CITY/ST/ZIP: MIDLOTHIAN, VA 23114

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:	KIM HUTCHINSON		
TITLE:	PRES/CEO		
ADDRESS:	DFN		
CITY/ST/ZIP/CO:	13725 SYCAMORE VILLAGE DR. MIDLOTHIAN, VA 23114		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN WEBB		
TITLE:	VICE CHAIRMAN		
ADDRESS:	MEAF		
CITY/ST/ZIP/CO:	1560 WILSON BLVD. #1150 ARLINGTON, VA 22209		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELAINE KATZ		
TITLE:	CHAIRMAN		
ADDRESS:	KESSLAR FOUNDATION		
CITY/ST/ZIP/CO:	300 EXECUTIVE DR. #150 WEST ORANGE, NJ 07052		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CATHERINE HYDE TOWNSEND		
TITLE:	DIRECTOR		
ADDRESS:	WELLSPRING ADVISORS		
CITY/ST/ZIP/CO:	1410 Broadway, 23rd Floor NEW YORK, NY 10018		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Susan Olivo		
TITLE:	TREASURER		
ADDRESS:	Reader Digest Partners for Sight		
CITY/ST/ZIP/CO:	44 South Broadway, 17th Floor White Plains, NY 10601		

NAME: Tad Asbury TITLE: DIRECTOR ADDRESS: Marriott Foundation 10400 Fernwood Road CITY/ST/ZIP/CO: Bethesda, MD 20817	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Greg Lais TITLE: DIRECTOR ADDRESS: Wilderness Inquiry 808 14th Ave CITY/ST/ZIP/CO: Minneapolis, MN 55414	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Cheryl Green-Rosario TITLE: DIRECTOR ADDRESS: American Express Foundation 3 World Financial Center CITY/ST/ZIP/CO: New York, NY 10285	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kristy Trautman TITLE: DIRECTOR ADDRESS: FISA Foundation 535 Smithfield Street, Ste. 710 CITY/ST/ZIP/CO: Pittsburgh, PA 15222	<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/ KIM HUTCHINSON	KIM HUTCHINSON, PRES/CEO	9/26/2013
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.		