

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214545115

1.) CORPORATION NAME:

Disability Funders Network, Inc.

DUE DATE: **9/30/2014**

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:	SUSAN OLIVO				
TITLE:	TREASURER				
ADDRESS:	READER DIGEST PARTNERS FOR SIGHT				
CITY/ST/ZIP/CO:	44 SOUTH BROADWAY, 17TH FLOOR WHITE PLAINS, NY 10601				

		<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 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 type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	TAD ASBURY				
TITLE:	DIRECTOR				
ADDRESS:	MARRIOTT FOUNDATION				
CITY/ST/ZIP/CO:	10400 FERNWOOD ROAD BETHESDA, MD 20817				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL GREEN-ROSARIO DIRECTOR AMERICAN EXPRESS FOUNDATION 3 WORLD FINANCIAL CENTER NEW YORK, NY 10285	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG LAIS DIRECTOR WILDERNESS INQUIRY 808 14TH AVE MINNEAPOLIS, MN 55414	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE HYDE TOWNSEND DIRECTOR WELLSPRING ADVISORS 1410 BROADWAY, 23RD FLOOR NEW YORK, NY 10018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTY TRAUTMAN DIRECTOR FISA FOUNDATION 535 SMITHFIELD STREET, STE. 710 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	9/30/2014	
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.			