

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213538302

1.) CORPORATION NAME:

**NORTHFIELD FOUNDATION FOR EATING DISORDERS,
INC.**

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

SCC ID NO: **06444103**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATRICIA H HARPER
8139 GRIMSBY RD
RICHMOND, VA**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1182

CITY/ST/ZIP: MIDLOTHIAN, VA 23113-1182

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:	GWEN SEILER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	13202 BRONCROFT CT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

NAME:	PATRICIA HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10949 LIVE OAK CT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

NAME:	SIGMUND SEILER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13202 BRONCROFT CT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

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/ PATRICIA HARPER	PATRICIA HARPER, DIRECTOR	8/16/2013
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.