

1.) CORPORATION NAME:

Rothmund-Thomson Syndrome Foundation

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN P KIMMEL
4307 WOODWARD CT
CHANTILLY, VA**

SCC ID NO: **07157654**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4307 WOODWARD CT
CITY/ST/ZIP: CHANTILLY, VA 20151

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:	SHELLEY SANDERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3917 VALLEY RIDGE DRIVE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	JOHN P KIMMEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	4307 WOODWARD CT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	TA-TARA L RIDEAU	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1102 BATES STE 1200		
CITY/ST/ZIP/CO:	HOUSTON, TX 77030		
NAME:	LAURIE SPEROU	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE-CHAIR		
ADDRESS:	166 ROUNDTOP ROAD		
CITY/ST/ZIP/CO:	MARLBOROUGH, MA 01752		
NAME:	SANDRA SPEROU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 SOUTHFIELD AVENUE		
CITY/ST/ZIP/CO:	APT 2434 STAMFORD, CT 06902		
NAME:	Emil Zakutny	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4600 Old Country Rd		
CITY/ST/ZIP/CO:	Garden City , NY 11530		

NAME: Peter Chadha TITLE: DIRECTOR ADDRESS: 71 Gayton Rd CITY/ST/ZIP/CO: Harrow, Middlesex, HA1 , , GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Gillian O'Reilly TITLE: DIRECTOR ADDRESS: 46 Aro Alainn, Castlebridge CITY/ST/ZIP/CO: , , IE	<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/ JOHN P KIMMEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN P KIMMEL, CHAIR PRINTED NAME AND CORPORATE TITLE	11/20/2013 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.		