

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212523024

1.) CORPORATION NAME:

Animal Rescue Fund

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD
STE 301**

SCC ID NO: **07330400**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA 23060

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 34

CITY/ST/ZIP: Delaplane, VA 20144

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:	Jennifer Richards		
TITLE:	PRESIDENT		
ADDRESS:	PO Box 39		
CITY/ST/ZIP/CO:	Delaplane, VA 20144		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Ursula Landsrath		
TITLE:	VICE PRESIDENT		
ADDRESS:	PO Box 57		
CITY/ST/ZIP/CO:	Delaplane, VA 20144		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Manisha Saraf Morris		
TITLE:	SECRETARY		
ADDRESS:	1918 Somerset Drive		
CITY/ST/ZIP/CO:	Jeffersonton, VA 22724		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Patricia E. Bschorr		
TITLE:	TREASURER		
ADDRESS:	9565 Briar Lane		
CITY/ST/ZIP/CO:	Delaplane, VA 20144		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Colleen M. Hahn		
TITLE:	DIRECTOR		
ADDRESS:	2214 Rock Hill Road Suite 300		
CITY/ST/ZIP/CO:	Herndon, VA 20170		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mary W. Johnson		
TITLE:	DIRECTOR		
ADDRESS:	1170 Delaplane Grade Road		
CITY/ST/ZIP/CO:	Upperville, VA 20184		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Danielle Kazmier DIRECTOR 2151 Jamieson Ave. Apt. 407 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rhonda Wilkins DIRECTOR PO Box 34 Delaplane, VA 20144	<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/ Ursula Landsrath SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Ursula Landsrath, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/20/2012 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.			