

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213554366

1.) CORPORATION NAME:

Save the Children Federation, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0574931**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 54 WILTON ROAD

CITY/ST/ZIP: WEST PORT, CT 06880

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:	CAROLYN MILES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	54 WILTON RD		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		

NAME:	RICK TROWBRIDGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T/CFO		
ADDRESS:	54 WILTON ROAD		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		

NAME:	ANDREA WILLIAMSON-HUGHES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	203 DAVENPORT RIDGE RD		
CITY/ST/ZIP/CO:	NEW CANAAN, CT 06840		

NAME:	CARLOS CARRAZANA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP AND COO		
ADDRESS:	54 WILTON ROAD		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		

NAME:	GRETCHEN WAGNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	54 WILTON ROAD		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		

NAME:	MARK SHRIVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	2000 L STREET NW		
CITY/ST/ZIP/CO:	SUITE 500 WASHINGTON, DC 20036		

NAME:	DIANA MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 L STREET NW SUITE 500		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	THOMAS KRIFT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 L STREET NW SUITE 500		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	MICHAEL KLOSSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 L STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	SUSAN RIDGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	54 WILTON ROAD		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		
NAME:	KATHY SPANGLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 L STREET NW SUITE 500		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	ROBERT THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	54 WILTON ROAD		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		
NAME:	SUSAN DECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2494 SAND HILL ROAD SUITE 200		
CITY/ST/ZIP/CO:	MENLO PARK, CA 94025		
NAME:	JOAQUIN DUATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE JOHNSON PLAZA		
CITY/ST/ZIP/CO:	NEW BRUNSWICK, NJ 08933		
NAME:	RANDALL EISENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 TIMES SQUARE, 11TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	DEBRA FINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	590 MADISON AVENUE 5TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP H GEIER DIRECTOR 70 E 55TH STREET 15TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY GOLDSTEIN DIRECTOR 107 EAST 73RD STREET NEW YORK, NY 10021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HABER DIRECTOR 54 WILTON ROAD WESTPORT, CT 06880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HAYES DIRECTOR 200 VESEY STREET 50TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUSTIN HEARST DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRAD IRWIN DIRECTOR 300 BAKER AVENUE SUITE 101 CONCORD, MA 01742	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDA LEWIS-HALL DIRECTOR 235 EAST 42ND STREET NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN LOMBARDI DIRECTOR 5006 50TH PLACE WASHINGTON, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA KOCH LORIMER DIRECTOR 393 PROSPECT STREET NEW HAVEN, CT 06511	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK V MACTAS VICE CHAIRMAN 306 GREENLEY ROAD NEW CANAAN, CT 06840	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J MASTROCOLA DIRECTOR 15 WEST 63RD STREET APT 22 a NEW YORK, NY 10023	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY S MILLER DIRECTOR 80 FIELD POINT ROAD SUITE 101 GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM MOSER DIRECTOR 81 SEAGATE DRIVE #1901 NAPLES, FL 34103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE MULCAHY CHAIRMAN 45 GLOVER AVENUE 6TH FLOOR NORWALK, CT 06856	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY C PALMER DIRECTOR 2 GREENWICH OFFICE PARK GREENWICH, CT 06853	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES R PERRIN DIRECTOR 676 TITICUS ROAD NORTH SALEM, NY 10560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH REICHMAN DIRECTOR 10560 WILSHIRE BLVD LOS ANGELES, CA 90024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREA L RICH DIRECTOR 10375 WILSHIRE BLVD, 2C LOS ANGELES, CA 90024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COKIE ROBERTS VICE CHAIRMAN 5315 BRADLEY BLVD BETHESDA, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUNIL SANI DIRECTOR 34-09 QUEENS BLVD LONG ISLAND CITY, NY 11101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J SCHNEIDERS DIRECTOR 717 ACEQUIA MADRE SANTA FE, NM 87505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PERNILLE SPIERS-LOPEZ TITLE: DIRECTOR ADDRESS: 154 WEST HUBBARD STREET UNIT 503 CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HELENE R SULLIVAN TITLE: DIRECTOR ADDRESS: 281 WESTPORT ROAD CITY/ST/ZIP/CO: WILTON, CT 06897	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AMELIA VICINI TITLE: DIRECTOR ADDRESS: 1733 NW 79TH AVENUE CITY/ST/ZIP/CO: MIAMI, FL 33126	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID WESTIN TITLE: DIRECTOR ADDRESS: 107 DELLWOOD ROAD CITY/ST/ZIP/CO: BRONXVILLE, NY 10708	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONA YOUNG TITLE: DIRECTOR ADDRESS: 14 SAM SNEAD DRIVE CITY/ST/ZIP/CO: WHITE SULFUR SPRINGS, WV 24986	<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/ CAROLYN MILES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROLYN MILES, PRES/CEO PRINTED NAME AND CORPORATE TITLE	11/13/2013 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.		