

1.) CORPORATION NAME: **INMED Partnerships for Children, Inc.** DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **THAD M JACKSON** SCC ID NO: **F1349390**

**20110 ASHBROOK PL STE 260
ASHBURN, VA**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20110 ASHBROOK PLACE
STE 260

CITY/ST/ZIP: ASHBURN, VA 20147

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:	LINDA PFEIFFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20110 ASHBROOK PLACE		
CITY/ST/ZIP/CO:	STE 260 ASHBURN, VA 20147		
NAME:	THAD M JACKSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 413		
CITY/ST/ZIP/CO:	UPPERVILLE, VA 20185		
NAME:	LISA SCHWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3957 Woodberry Meadow Dr		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-3220		
NAME:	PAUL BOSLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	14 SEA MARSH RD		
CITY/ST/ZIP/CO:	AMELIA ISLAND, FL 32034		
NAME:	JAMES RUTHERFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 AMHERST RD		
CITY/ST/ZIP/CO:	CHATHAM, VA 07928		
NAME:	Wendy Balter	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	310 Riverside Dr		
CITY/ST/ZIP/CO:	Apt 2105 New York, NY 10025		

NAME:	David Britt	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1256 Harrison Point Trail		
CITY/ST/ZIP/CO:	Fernandina Beach , FL 32034		
NAME:	George Armstrong	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2970 St. Johns Ave		
CITY/ST/ZIP/CO:	#2A Jacksonville, FL 32205		
NAME:	Erin Byrne	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 Oxford Wells		
CITY/ST/ZIP/CO:	Park Ridge, NJ 07656		
NAME:	Wendell Chambliss	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	22981 Lois Lane		
CITY/ST/ZIP/CO:	Brambleton, VA 20148		
NAME:	Neelam Feachem	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	121 Creedom Circle		
CITY/ST/ZIP/CO:	Alameda, CA 94502		
NAME:	Claire Gillis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Spencer's Farm Whelpley Hill		
CITY/ST/ZIP/CO:	, , GB		
NAME:	Katie Macfarlane	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2840 27th St NW		
CITY/ST/ZIP/CO:	Washington, DC 20008		
NAME:	Donne Newbury	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14/1 Mt William St		
CITY/ST/ZIP/CO:	Gordon, NSW, 2072, , AU		
NAME:	Eugene Rotberg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7211 Brickyard Rd		
CITY/ST/ZIP/CO:	Potomac, MD 20854		

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/ LISA SCHWARTZ	LISA SCHWARTZ, CFO	11/4/2013
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.