

SCC eFile

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

213511758

1.) CORPORATION NAME:

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1366816**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 434 W 33RD STREET

CITY/ST/ZIP: NEW YORK, NY 10001

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:	CECILE RICHARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	434 W 33RD STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	KATHLEEN TAIT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	434 W 33RD STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	AARON SAMULCEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST T/DIR FIN		
ADDRESS:	434 W 33RD STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	WALLACE D'SOUZA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	434 W 33RD STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	CECILIA BOONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRPERSON		
ADDRESS:	434 W 33RD STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	ALEXIS MCGILL JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	434 W. 33RD ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOU ZELLNER TREASURER 434 W. 33RD ST NEW YORK, NY 10001	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAOMI ABERLY DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERI BONNER DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN CAMPBELL DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY CHAVEZ DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREINA CORDOVA DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNETTE CUMMING DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERONICA DELA ROSA DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN FELDMAN DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUANITA FRANCIS DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA GRUBER DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY HAMPTON DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SASHA HEINZ DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. PAULA JOHNSON DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL LAFER DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANNE LUBY DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELENA MARKS DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. TIMOTHY MCDONALD DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL NEWTON DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNA QUINDLEN DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE REISS DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAMINA SINGH DIRECTOR 434 W. 33RD ST NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JENNIFER ALLAN SOROS TITLE: DIRECTOR ADDRESS: 434 W. 33RD ST CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAYLE STEINBERG TITLE: DIRECTOR ADDRESS: 434 W. 33RD ST CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY TABAR TITLE: DIRECTOR ADDRESS: 434 W. 33RD ST CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AISHA TYLER TITLE: DIRECTOR ADDRESS: 434 W. 33RD ST CITY/ST/ZIP/CO: NEW YORK, NY 10001	<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/ AARON SAMULCEK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AARON SAMULCEK, ASST T/DIR FIN PRINTED NAME AND CORPORATE TITLE	3/7/2013 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.		