

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213540075

1.) CORPORATION NAME:

GLSEN, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4001 North Ninth Street, Suite 227
ARLINGTON, VA**

SCC ID NO: **F1398793**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 90 BROAD STREET
2ND FL

CITY/ST/ZIP: NEW YORK, NY 10004

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: ELIZA BYRD OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 90 BROAD ST
2ND FL
CITY/ST/ZIP/CO: NEW YORK, NY 10004

NAME: DOUG FLORES OFFICER DIRECTOR
TITLE: ASST TREAS
ADDRESS: 90 BROAD STREET
2ND FL
CITY/ST/ZIP/CO: NEW YORK, NY 10004

NAME: KEITH POWELL OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 2867 RASTRO LANE
CITY/ST/ZIP/CO: CONCORD, CA 94518

NAME: GAIL LOPES OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 79-370 CENTRINO
CITY/ST/ZIP/CO: LA QUINTA, CA 92253

NAME: MICHAEL MANTHEI OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 53 CHANDLER STREET
CITY/ST/ZIP/CO: BOSTON, MA 02116

NAME: RYAN PEDLOW OFFICER DIRECTOR
TITLE: CHAIR
ADDRESS: 166 PERRY STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10014

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADDIE ADELMAN DIRECTOR 2026 N. 12TH STREET PHEONIX, AZ 85006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CINDY ARMINE DIRECTOR 65 MONTAGUE STREET BROOKLYN, NY 11201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN BROCKMAN VICE CHAIR 500 SOUTH BUENA VISTA ST BURBANK, CA 91521-4581	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BROWN DIRECTOR 1 BAXTER PARKWAY DEERFIELD, IL 60015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA FRANKEL DIRECTOR 44 ELEANOR DRIVE KENDALL PARK, NJ 08824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HUEBNER SECRETARY 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JANE KARGER DIRECTOR 320 BIRDSALL DRIVE YORKTOWN HEIGHTS, NY 10598	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LOMBARDO DIRECTOR 2500 BROADWAY SANTA MONICA, CA 90404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK MORAN DIRECTOR 441 CARNATION AVENUE CORONA DEL MAR, CA 92625	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY QUINN DIRECTOR 707 WILSHIRE BLVD. LOS ANGELES, CA 90017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY REED DIRECTOR 17 AVENUE OF THE AMERICAS NEW YORK, NY 10013	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE SALEE DIRECTOR 588 WEST END AVENUE NEW YORK, NY 10024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE SCALES DIRECTOR 24 CORTE MATEO MORAGA, CA 94556	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS SHYER DIRECTOR 8 SLATER STREET PORT CHESTER, NY 10573	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TALIA STEIN DIRECTOR 90 BROAD STREET, 2ND FLOOR NEW YORK, NY 10004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY A.A. STILES DIRECTOR 345 PARK AVENUE, SUITE 3800 NEW YORK, NY 10154	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHIP SULLIVAN DIRECTOR 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY TENICELA DIRECTOR 425 MARKET STREET, SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIRDEANER WALKER DIRECTOR 140 WILBRAHAM AVENUE SPRINGFIELD, MA 01109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN I. WILSON DIRECTOR 5007 DUNWOODY TRAIL RALEIGH, NC 27606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHELY WRIGHT DIRECTOR 567 RALPH MCGILL BLVD. ATLANTA, GA 30312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH KOSCIW ASST SECRETARY 90 BROAD STREET 2ND FLOOR NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CHRIS SHYER TITLE: DIRECTOR ADDRESS: 8 SLATER STREET CITY/ST/ZIP/CO: PORT CHESTER, NY 10573	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SIRDEANER WALKER TITLE: DIRECTOR ADDRESS: 140 WILBRAHAM AVENUE CITY/ST/ZIP/CO: SPRINGFIELD, MA 01109	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROHINI ANAND TITLE: DIRECTOR ADDRESS: 90 BROAD STREET CITY/ST/ZIP/CO: 2ND FLOOR NEW YORK, NY 10005	<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/ DOUG FLORES	DOUG FLORES, ASST TREAS	8/27/2013
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.		