

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214500845

1.) CORPORATION NAME:

**LDS Family Services**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1575739**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**UT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 132 SOUTH STATE ST  
STE 300

CITY/ST/ZIP: SALT LAKE CITY, UT 84111-1506

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:	MARK H. GLADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	132 SOUTH STATE ST		
	STE 300		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84111-1506		

NAME:	GORDON F. CARMEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	50 EAST NORTH TEMPLE 7TH FL		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150		

NAME:	DAVID M MCCONKIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	60 E SOUTH TEMPLE STE 1800		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84111		

NAME:	STEPHEN K. PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	50 EAST NORTH TEMPLE		
	7TH FLOOR		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84150		

NAME:	MONICA BLUME	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	143 EAST 200 SOUTH		
CITY/ST/ZIP/CO:	SPRINGVILLE, UT 84663		

NAME: LINDA K. BURTON TITLE: DIRECTOR ADDRESS: 76 NORTH MAIN CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84150	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RULON O. GIBSON TITLE: DIRECTOR ADDRESS: 530 NORTH 80 WEST CITY/ST/ZIP/CO: LINDON, UT 84042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMIE L. GLENN TITLE: DIRECTOR ADDRESS: 132 SOUTH STATE STREET CITY/ST/ZIP/CO: SUITE 200 SALT LAKE CITY, UT 84111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES M. HARPER TITLE: DIRECTOR ADDRESS: 584 WEST 350 NORTH CITY/ST/ZIP/CO: SPRINGVILLE, UT 84663	<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/ DAVID M MCCONKIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID M MCCONKIE, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/5/2013 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.		