

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214509461

1.) CORPORATION NAME:

The Transition Network, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1697509**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Church St. STATION
PO 2023

CITY/ST/ZIP: NEW YORK, NY 10008

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: ELLEN BARTOLDUS OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 30 ABBOTT DR.
CITY/ST/ZIP/CO: HUNTINGDON, NY 11743

NAME: MARY KLEIN OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 915 CLINTON ST.
CITY/ST/ZIP/CO: APT. 203
PHILADELPHIA, PA 19107

NAME: BARBARA HOENIG OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3726 CONNECTICUT AVE. NW, APT. 201
CITY/ST/ZIP/CO: WASHINGTON, DC 20008

NAME: DIANE LEVINE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 245 W. 104TH STREET, 11C
CITY/ST/ZIP/CO: NEW YORK, NY 10025

NAME: LINDA PAIGE LEVINE OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 382 CENTRAL PARK WEST
CITY/ST/ZIP/CO: NEW YORK, NY 10025

NAME: Barbara Beizer OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 4025 Connecticut Avenue NW, #602
CITY/ST/ZIP/CO: Washington, DC 20008

NAME: JoAnne DAleo-Frankel TITLE: VICE PRESIDENT ADDRESS: 225 Kendemere Pointe CITY/ST/ZIP/CO: Roswell, GA 30075	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Marlene Gerber TITLE: TREASURER ADDRESS: 35 Knightsbridge Rd, Apt 2A CITY/ST/ZIP/CO: Great Neck, NY 11021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Chrissa Merron TITLE: DIRECTOR ADDRESS: 415 Arthurs Round Table CITY/ST/ZIP/CO: Wynnewood, PA 19096	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carol Oswald TITLE: DIRECTOR ADDRESS: 72 Nob Hill Drive N CITY/ST/ZIP/CO: Gahanna, OH 43230	<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/ Barbara Beizer SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Barbara Beizer, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/21/2014 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.		