

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213506998

1.) CORPORATION NAME:

**POST HOPE FOUNDATION, INC.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1700634**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4401 NORTHSIDE PARKWAY  
SUITE 800

CITY/ST/ZIP: ATLANTA, GA 30327

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:	DAVID P STOCKERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4401 NORTHSIDE PARKWAY		
	SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	SHERYL G COHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4401 NORTHSIDE PARKWAY		
	SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	KATHLEEN M MASON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	4401 NORTHSIDE PARKWAY		
	SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	CHRISTOPHER J PAPA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4401 NORTHSIDE PARKWAY		
	SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME:	LINDA J RICKLEF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	4401 NORTHSIDE PARKWAY		
	SUITE 800		
CITY/ST/ZIP/CO:	ATLANTA, GA 30327		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. JAMIE TEABO DIRECTOR 4401 NORTHSIDE PARKWAY SUITE 800 ATLANTA, GA 30327	<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/ SHERYL G COHEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHERYL G COHEN, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/11/2013 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.			