

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215521506

1.) CORPORATION NAME:

THE HUMANE SOCIETY OF THE UNITED STATES

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F1709924**

BANK OF AMERICA CENTER

16TH FLOOR, 1111 EAST MAIN STREET

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 L STREET NW

CITY/ST/ZIP: WASHINGTON, DC 20037

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: WAYNE PACELLE OFFICER DIRECTOR
TITLE: PRES/CEO
ADDRESS: 2100 L STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037

NAME: ROGER A KINDLER OFFICER DIRECTOR
TITLE: VP/CLO/GC
ADDRESS: 2100 L STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037

NAME: G THOMAS WAITE III OFFICER DIRECTOR
TITLE: T/CFO
ADDRESS: 2100 L STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037

NAME: ERIC L. BERNTHAL ESQ. OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: 2100 L STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037

NAME: JENNIFER LEANING MD OFFICER DIRECTOR
TITLE: VICE CHAIRMAN
ADDRESS: 2100 L STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037

NAME: JASON WEISS OFFICER DIRECTOR
TITLE: VICE CHAIRMAN
ADDRESS: 2100 L STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY C. RODGERS SECRETARY 2100 L STREET NW WASHINGTON, DC 20037	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY ARCINIACO DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY CESA DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANITA W. COUPE ESQ. DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL B. FANG ESQ. DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY GETZ DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE GREENSPUN GALE DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY KANGAS DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA A. KISLAK, D.V.M. DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES A. LAUE DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN M. LINEHAN ESQ. DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MACKEY DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY I. MAX DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK L. MCDONNELL DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. THOMAS MCMILLEN DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDY NEY DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON LEE PATRICK DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA R. PERELMAN DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIAN G. PROBST DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN M. RATNER DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSHUA S. REICHERT PH.D. DIRECTOR 2100 L STREET NW WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER J STEWART ESQ. DIRECTOR 2100 L STREET NW WASHINGTON, DE 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ANDREW WEINSTEIN TITLE: DIRECTOR ADDRESS: 2100 L STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID O. WIEBERS MD TITLE: DIRECTOR ADDRESS: 2100 L STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037	<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/ G THOMAS WAITE III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	G THOMAS WAITE III, T/CFO PRINTED NAME AND CORPORATE TITLE	5/31/2015 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.		