

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214509066

1.) CORPORATION NAME:

NFL/NFLPA Research and Education Foundation, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1739459**

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:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 36585 SAWMILL LANE

CITY/ST/ZIP: PURCELLVILLE, VA 20132

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:	MARY K FITZGERALD, JD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/D		
ADDRESS:	315 NEW ST		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19106		

NAME:	LAWRENCE L LAMADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/TREAS		
ADDRESS:	1333 NEW HAMPSHIRE AVENUE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	TIMOTHY BAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2305 RIVER POINTE CIRCLE		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55411		

NAME:	ERIK B KING MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2300 CHILDREN'S PLAZA BOX 69		
CITY/ST/ZIP/CO:	CHICAGO, IL 60614		

NAME:	STACY ROBINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 20TH STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	JEREMIAH DEBERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1675 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	BARRON F. WALLACE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 LOUISIANA ST.		
CITY/ST/ZIP/CO:	SUITE 2300 HOUSTON, TX 77002-2770		

NAME:	ADOLPHO BIRCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	345 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10154		

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.

<u>/s/ LAWRENCE L LAMADE</u>	<u>LAWRENCE L LAMADE, ASST</u>	<u>2/19/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEC/TREAS 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.