

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213546825

1.) CORPORATION NAME:

Daniel Webster College, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1805862**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13000 NORTH MERIDIAN STREET

CITY/ST/ZIP: CARMEL, IN 46032

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: ANGELA K KNOWLTON OFFICER DIRECTOR
 TITLE: VP, TREA
 ADDRESS: 13000 NORTH MERIDIAN STREET
 CITY/ST/ZIP/CO: CARMEL, IN 46032

NAME: Richard G Zeeman OFFICER DIRECTOR
 TITLE: VP, SEC/Dir
 ADDRESS: 13000 NORTH MERIDIAN STREET
 CITY/ST/ZIP/CO: CARMEL, IN 46032

NAME: Michael E Diffily OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 20 University Drive
 CITY/ST/ZIP/CO: Nashua, NH 03063

NAME: Ben O Latigo OFFICER DIRECTOR
 TITLE: VPAA, CAO
 ADDRESS: 20 University Drive
 CITY/ST/ZIP/CO: Nashua, NH 03063

NAME: Lynn A Brooks OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 31 Ashford Drive
 CITY/ST/ZIP/CO: Avon, CT 06001

NAME: Rodney J Conard OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 74 Northeastern Blvd.
 Suite 22A
 CITY/ST/ZIP/CO: Nashua, NH 03062

NAME: James Homer TITLE: DIRECTOR ADDRESS: 5 Wall Street CITY/ST/ZIP/CO: Burlington, MA 01803	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: June McCormack TITLE: DIRECTOR ADDRESS: 1289 City Center Drive Suite 100 CITY/ST/ZIP/CO: Carmel, IN 46032	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: John Racho TITLE: DIRECTOR ADDRESS: 60 Mall Road Suite 101 CITY/ST/ZIP/CO: Burlington, MA 01803	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: John Whittaker TITLE: DIRECTOR ADDRESS: 594 Country Way CITY/ST/ZIP/CO: Scituate, MA 02066	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: John Yena TITLE: DIRECTOR ADDRESS: 115 Watch Hill Drive CITY/ST/ZIP/CO: East Greenwich, RI 02886	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Newton B Gleason TITLE: DIRECTOR ADDRESS: 10 Indian Brook Lane CITY/ST/ZIP/CO: Franklin, MA 02038	<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/ ANGELA K KNOWLTON	ANGELA K KNOWLTON, VP, TREA	10/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		