

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214538558

1.) CORPORATION NAME:

American Association of Poison Control Centers

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA 16TH FL
1111 E MAIN ST**

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

DUE DATE: **8/31/2014**

SCC ID NO: **F1869058**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 515 KING ST
STE 510

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	RICHARD C DART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	990 BANNOCK ST 4TH FL		
CITY/ST/ZIP/CO:	DENVER, CO 80204		

NAME:	MARSHA FORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	CAROLINAS POISON CENTER PO BOX 32861		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28232		

NAME:	JAY SCHAUBEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES ELECT		
ADDRESS:	FLORIDA/USVI POISON INFORMATION CENTER - JACK 655 WEST EIGHTH STREET, BOX C-23		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32209		

NAME:	JIM WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	WASHINGTON POISON CENTER 155 NE 100TH ST #100		
CITY/ST/ZIP/CO:	SEATTLE, WA 98125-8007		

NAME:	DEBORAH L ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	HENNEPIN COUNTY MED CENTER 701 PARK AVENUE MC-RL		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

NAME:	THOMAS C ARNOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LOUISIANA POISON CTR 1455 WILKINSON ST		
CITY/ST/ZIP/CO:	SHREVEPORT, LA 71130		

NAME:	WILLIAM BANNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	OKLAHOMA POISON CONTROL CENTER 940 NE 13TH ST RM 3N850 NICHOLSON TOWER		
CITY/ST/ZIP/CO:	OKLAHOMA CITY, OK 73104		

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/ MARSHA FORD	MARSHA FORD, PRESIDENT	8/6/2014
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.