

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215527705

1.) CORPORATION NAME:

**AIDS Healthcare Foundation**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1902479**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6255 W SUNSET BLVD 21ST FL

CITY/ST/ZIP: LOS ANGELES, CA 90028

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:           | MICHAEL WEINSTEIN          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRES/CEO/DIR               |   |  |
| ADDRESS:        | 6255 W SUNSET BLVD 21ST FL |   |  |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90028      |   |  |

|                 |                            |   |                                   |
|-----------------|----------------------------|---|-----------------------------------|
| NAME:           | PETER REIS                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT             |   |                                   |
| ADDRESS:        | 6255 W SUNSET BLVD_21ST FL |   |                                   |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90028      |   |                                   |

|                 |                            |   |                                   |
|-----------------|----------------------------|---|-----------------------------------|
| NAME:           | LYLE HONIG                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | CHIEF FIN                  |   |                                   |
| ADDRESS:        | 6255 W SUNSET BLVD 21ST FL |   |                                   |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90028      |   |                                   |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | WLLIAM ARROYO         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 550 S VERMONT AVE     |                                  |  |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90020 |                                  |  |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
| NAME:           | MARY ASHLEY           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 3132 CORINTH AVE      |                                  |  |
| CITY/ST/ZIP/CO: | LOS ANGELES, CA 90066 |                                  |  |

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/ MICHAEL WEINSTEIN  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

MICHAEL WEINSTEIN,  
PRES/CEO/DIR  
PRINTED NAME AND CORPORATE  
TITLE

7/24/2015  
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.