

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003308

**Entity Name:** CHILD TRENDS, INCORPORATED**Current Principal Place of Business:**7315 WISCONSIN AVE  
SUITE 1200W  
BETHESDA, MD 20814**Current Mailing Address:**7315 WISCONSIN AVE  
SUITE 1200W  
BETHESDA, MD 20814**FEI Number:** 13-2982969**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	C
Name	THORNE, WILLIAM A HON
Address	P.O. BOX 510102
City-State-Zip:	SALT LAKE CITY UT 84151

Title	VC
Name	SMITH, LAUREN MD/MPH
Address	132 WINDERMERE ROAD
City-State-Zip:	AUBURNDALE MA 02466

Title	D
Name	SCHNEIDER-MUNOZ, ANDREW J
Address	2301 W. EAU GALLIE BLVD, SUITE 104
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	KARLISCH, LISA
Address	1616 ANDERSON ROAD
City-State-Zip:	MCLEAN VA 22102-1602

Title	P
Name	EMIG, CAROL
Address	7315 WISCONSIN AVE, SUITE 1200W
City-State-Zip:	BETHESDA MD 20814

Title	SR. VICE PRESIDENT OF RESEARCH AND OPERATIONS
Name	PANE, NATALIA
Address	7315 WISCONSIN AVE, SUITE 1200W
City-State-Zip:	BETHESDA MD 20814

Title	CFO
Name	CALLOO, KAREN
Address	7315 WISCONSIN AVE SUITE 1200W
City-State-Zip:	BETHESDA MD 20814

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN CALLOO**CHIEF FINANCIAL  
OFFICER****03/18/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date