

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003373

Entity Name: LUPUS FOUNDATION OF AMERICA, INC.**Current Principal Place of Business:**2000 L ST NW
STE 410
WASHINGTON, DC 20036**Current Mailing Address:**2000 L ST NW
STE 410
WASHINGTON, DC 20036**FEI Number:** 43-1131436**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.,
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PCEO
Name	RAYMOND, SANDRA CLAIRE
Address	2000 L ST, NW STE 410
City-State-Zip:	WASHINGTON DC 20036

Title	CHAIRMAN
Name	SCHWAB, PETER
Address	2000 L ST NW STE 410
City-State-Zip:	WASHINGTON DC 20036

Title	DIRECTOR
Name	KOSIER, MERRILLYN J.
Address	2000 L ST NW STE 410
City-State-Zip:	WASHINGTON DC 20036

Title	FIRST VICE CHAIR
Name	BRUNINI, KEITH
Address	2000 L ST NW STE 410
City-State-Zip:	WASHINGTON DC 20036

Title	SECRETARY
Name	JANINE, ALLEN
Address	2000 L ST NW STE 410
City-State-Zip:	WASHINGTON DC 20036

Title	AT
Name	CHUNG, SEUNG-AE
Address	2000 L STREET, NW, SUITE 410
City-State-Zip:	WASHINGTON DC 20036

Title	D
Name	BARLIN, JUDY
Address	2000 L ST NW STE 410
City-State-Zip:	WASHINGTON DC 20036

Title	TREASURER
Name	GEHRMANN, CONRAD
Address	2000 L ST NW STE 410
City-State-Zip:	WASHINGTON DC 20036

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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: SEUNG-AE CHUNGASSISTANT
TREASURER/CFO

01/12/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KAPLAN, BRIAN
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title VC
Name PETREN, CAROL ANN
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name SUSMAN, MARJORIE
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name WINSTON, RANDALL
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name RABINOWITZ, STEVE
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name RUIZ, KATHLEEN
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name BRIGHT, J. REEVE
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name LUTER, MARGUERETE A.
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name MANZI, SUSAN
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name SMITH, CHRISTINE
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name TSIMOYIANIS, FRAN
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name EVANS, KAREN B.
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name RUFFATTO, KATHERINE A
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name ARNOLD, JOSEPH A.
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name GILKESON, GARY M.D.
Address 2000 L ST NW
STE 410
City-State-Zip: WASHINGTON DC 20036