

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002052

Entity Name: HUMAN RIGHTS CAMPAIGN, INC.**Current Principal Place of Business:**1640 RHODE ISLAND AVENUE, NW
WASHINGTON, DC 20036**Current Mailing Address:**1640 RHODE ISLAND AVENUE, NW
WASHINGTON, DC 20036**FEI Number: 52-1243457****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 D
Name ALL, LACEY
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title D
Name BASTIAN, BRUCE
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20006

Title TREA
Name RINEFIERD, JAMES
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title AUTHORIZED SIGNER
Name LOVEDAY, SANDEE
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title D
Name BASS, KEVIN
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title PRES.
Name GRIFFIN, CHAD
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title SEC
Name FALK, ROBERT
Address 1640 RHODE ISLAND AVENUE, NW
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Title DIRECTOR
Name UPHOLD, ALAN
Address 1640 RHODE ISLAND AVENUE, NW
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: SANDEE LOVEDAY**AUTHORIZED PERSON****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FAY, ANNE
Address 1640 RHODE ISLAND AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name SCALISE, CATHERINE
Address 1640 RHODE ISLAND AVENUE, NW
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Title DIRECTOR
Name FLYNN, CHRIS
Address 1640 RHODE ISLAND AVENUE, NW
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Title DIRECTOR
Name PERLMAN, DANA
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Title DIRECTOR
Name ROBIN, HENRY
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Title DIRECTOR
Name LAU, JOAN
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Name ISA, JOHN
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Name MILLER, JOSH
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Name HAMILL, KIRK
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Title DIRECTOR
Name BENDTSEN, LESLIE
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Title DIRECTOR
Name ZELLNER, LISA

Title DIRECTOR
Name MACK, ANTON
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Title ASST. VP
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Name WOO, FRANK
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Name LOPEZ, JANI
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Name SHEPPARD, JUDY
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Title DIRECTOR
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Title DIRECTOR
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Title DIRECTOR
Name DOWNING, TIMOTHY
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Name BEAN, TERRENCE
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Title DIRECTOR
Name KNABEL, TOM
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Title DIRECTOR
Name DONIUS, WILLIAM
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