

1.) CORPORATION NAME:

VIRGINIA STATE CRIME CLINIC, INC.

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
ROBBIE ROBERTSON
193 TROTTER LANE
CONCORD, VA 24538**

SCC ID NO: **00997767**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CAMPBELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 301

CITY/ST/ZIP: PORTSMOUTH, VA 23704-

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: CHARLES J CONDON
TITLE: 1ST VP
ADDRESS: 1965 COUNTRY MANOR LANE
CITY/ST/ZIP/CO: VA BEACH, VA 23456-

OFFICER

DIRECTOR

NAME: JASON FROST
TITLE: TREASURER
ADDRESS: 7500 BOULDERS VIEW DRIVE
CITY/ST/ZIP/CO: RICHMOND, VA 23225-

OFFICER

DIRECTOR

NAME: RAY ASH
TITLE: 2ND VP
ADDRESS: PO BOX 157
CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111-

OFFICER

DIRECTOR

NAME: RICHARD HITT
TITLE: PRESIDENT
ADDRESS: 513 PRINCE EDWARD STREET
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER

DIRECTOR

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/ JASON FROST

JASON FROST, TREASURER

4/18/2011

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.