

1.) CORPORATION NAME:

**Phoenix Houses of the Mid-Atlantic, Inc.**

DUE DATE: **8/16/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**JERRY K EMRICH**

**2200 CLARENDON BLVD**

**COURTHOUSE PLAZA 13TH FL**

SCC ID NO: **01012863**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ARLINGTON, VA 22201**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 521 N. QUINCY STREET

CITY/ST/ZIP: ARLINGTON, VA 22203-

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.

OFFICER

DIRECTOR

NAME: TIM HUGHES  
TITLE: VICE CHAIR  
ADDRESS: 2300 WILSON BLVD, 7TH FLOOR  
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER

DIRECTOR

NAME: BRUCE MCLEOD  
TITLE: CHMN  
ADDRESS: 8321 OLD COURTHOUSE RD  
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER

DIRECTOR

NAME: ROBIN NORMAN  
TITLE: DIRECTOR  
ADDRESS: 8317 STONEWALL DR  
CITY/ST/ZIP/CO: VIENNA, VA 22180-

OFFICER

DIRECTOR

NAME: DEBORAH SIMPSON TAYLOR  
TITLE: SVP/REG DIR&SEC  
ADDRESS: 521 N QUINCY ST  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: EDD NOLEN  
TITLE: DIRECTOR  
ADDRESS: 5113 N 33RD ST  
CITY/ST/ZIP/CO: ARLINGTON, VA 22207-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN APPEL DIRECTOR 5600 7TH STREET SOUTH ARLINGTON, VA 22204-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZIE BUCK DIRECTOR 4524 N 35TH ROAD ARLINGTON, VA 22207-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS FONSECA DIRECTOR 23 N FENWICK STREET ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETSY FRANTZ DIRECTOR 2009 N 14TH STREET SUITE 111 ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HAWKINS DIRECTOR 9912 STOUGHTON ROAD FAIRFAX, VA 22032-1017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK HOPE DIRECTOR 512 N PARK DRIVE ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HOWLAND DIRECTOR 1421 HOLLY STREET NW WASHINGTON, DC 20012-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT SCHIAVONE DIRECTOR 6849 OLD DOMINION DRIVE #400 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN T KIRCHOFF TREASURER 164 W 74TH STREET NEW YORK, NY 10023-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD P MEITINER PRESIDENT 164 W 74TH STREET NEW YORK, NY 10023-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.

<u>/s/ DEBORAH SIMPSON TAYLOR</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DEBORAH SIMPSON TAYLOR, SVP/REG DIR&amp;SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>8/16/2011</u> DATE
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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.