

1.) CORPORATION NAME:

Legal Aid Justice Center

DUE DATE: **3/16/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
W. STEPHEN SCOTT
418 EAST WATER ST.
P.O. BOX 2737**

SCC ID NO: **01116441**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA 22902

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 PRESTON AVENUE
SUITE A

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903-

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: D BROCK GREEN
TITLE: PRESIDENT
ADDRESS: 917 E JEFFERSON
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: JOY JOHNSON
TITLE: VICE PRESIDENT
ADDRESS: 823-D HARDY DRIVE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903-

OFFICER

DIRECTOR

NAME: HERBERT L BESKIN
TITLE: DIRECTOR
ADDRESS: 123 E MAIN ST STE 310
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: LLEZELLE A DUGGER
TITLE: DIRECTOR
ADDRESS: 409 THIRD STREET NE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: JONATHAN T BLANK
TITLE: DIRECTOR
ADDRESS: 310 FOURTH STREET NE
2ND & 3RD FLOORS
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME:	PETER ELIADES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	408 N SIXTH AVENUE		
CITY/ST/ZIP/CO:	HOPEWELL, VA 23860-		
NAME:	BRYAN A FRATKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE JAMES CENTER 901 EAST CARY STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	THOMAS G SLATER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RIVERFRONT PLAZA EAST TOWER 941 EAST BYRD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	JOHN M OAKEY JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE JAMES CENTER 901 EAST CARY STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	ELBERT D MUMPHREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20 E TABB STREET SUITE 201		
CITY/ST/ZIP/CO:	PETERSBURG, VA 23803-		
NAME:	EVA ANTHONY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1802 MAIDENS ROAD		
CITY/ST/ZIP/CO:	MAIDENS, VA 23063-		
NAME:	LINDA FREEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1513 SILVER AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224-		
NAME:	DEIRDRE GILMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	922 D SOUTH FIRST STREET		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-		
NAME:	TRACEY C HOPPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER / SEC		
ADDRESS:	PO BOX 1504		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-		
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/ TRACEY C HOPPER</u>	TRACEY C HOPPER, TREASURER	<u>3/16/2011</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	/ SEC 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.