

1.) CORPORATION NAME:

**NAMI-Northern Virginia**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**ROBERT CLUCK**

**10710 CROSS SCHOOL RD.  
RESTON, VA 20191**

DUE DATE: **9/30/2011**

SCC ID NO: **01781681**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10710 CROSS SCHOOL ROAD

CITY/ST/ZIP: RESTON, VA 20191-

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: JEANNE COMEAU  
TITLE: PRESIDENT  
ADDRESS: 8667 RISING CREEK COURT  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153-

OFFICER

DIRECTOR

NAME: ROBERT CLUCK  
TITLE: TREASURER  
ADDRESS: 10710 CROSS SCHOOL ROAD  
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER

DIRECTOR

NAME: JOSEPH LIPARI  
TITLE: SECRETARY  
ADDRESS: 6588 BERMUDA GREEN COURT  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

OFFICER

DIRECTOR

NAME: BOB MCPHERSON  
TITLE: DIRECTOR  
ADDRESS: 7714 LEE HWY  
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-

OFFICER

DIRECTOR

NAME: JIM PAYNE  
TITLE: DIRECTOR  
ADDRESS: 6608 QUENTIN ST  
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-

OFFICER

DIRECTOR

NAME: JOSE ARMILLA TITLE: DIRECTOR ADDRESS: 1347 STOKELY WAY CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DR. DIPAK TALAPATRA TITLE: DIRECTOR ADDRESS: 7213 ADRIENNE GLEN AVE. CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GAYLE JACKSON TITLE: DIRECTOR ADDRESS: 15147 STILLFIELD PLACE CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WENDEL SWAN TITLE: DIRECTOR ADDRESS: 2106 WOODMONT RD. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JERI HESSON TITLE: DIRECTOR ADDRESS: 104 S. VIRGINIA AVE. CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: AIDA PITOT TITLE: DIRECTOR ADDRESS: PO BOX 8693 CITY/ST/ZIP/CO: RESTON, VA 20195-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHY CONKLIN TITLE: DIRECTOR ADDRESS: 6725 HAYCOCK RD. CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN HEROLD TITLE: DIRECTOR ADDRESS: 1713 WOLFRAM CT. CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<input 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.

/s/ ROBERT CLUCK	ROBERT CLUCK, TREASURER	9/7/2011
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.