

1.) CORPORATION NAME:

**NAMI-Northern Virginia**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8667 RISING CREEK COURT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		
NAME:	JOSEPH LIPARI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6588 BERMUDA GREEN COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		
NAME:	ROBERT CLUCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10710 CROSS SCHOOL ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20191		
NAME:	KATHY CONKLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6725 HAYCOCK RD.		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		
NAME:	JOHN HEROLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1713 WOLFRAM CT.		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	JERI HESSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	104 S. VIRGINIA AVE.		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

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: 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: WENDEL SWAN TITLE: DIRECTOR ADDRESS: 2106 WOODMONT RD. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<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	10/14/2012
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.		