

1.) CORPORATION NAME:

DUE DATE: **9/30/2013**

**NAMI-Northern Virginia**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **01781681**

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

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:	11520 May Lane		
CITY/ST/ZIP/CO:	Orange, VA 22960		
NAME:	ROBERT CLUCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2258 Marginella Drive		
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:	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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	15147 STILLFIELD PLACE		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		
NAME:	WENDEL SWAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2106 WOODMONT RD.		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307		

NAME: Tamara Fennell TITLE: DIRECTOR ADDRESS: 18064 Taylor Road CITY/ST/ZIP/CO: Hamilton, VA 20158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: Liza Greenspun TITLE: DIRECTOR ADDRESS: 11612 Fairfax Meadows Circle Apt. 18205 CITY/ST/ZIP/CO: Fairfax, VA 22030	<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/ JEANNE COMEAU	JEANNE COMEAU, PRESIDENT	8/7/2013
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.