

1.) CORPORATION NAME:

**NAMI-Northern Virginia**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT CLUCK  
2258 MARGINELLA DRIVE  
RESTON, VA**

SCC ID NO: **01781681**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2258 Marginella Drive

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:	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:	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:	TAMARA FENNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	18064 TAYLOR ROAD		
CITY/ST/ZIP/CO:	HAMILTON, VA 20158		
NAME:	LIZA GREENSPUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11612 FAIRFAX MEADOWS CIRCLE APT. 18205		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

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
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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
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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.