

1.) CORPORATION NAME:

LEGAL SERVICES OF NORTHERN VIRGINIA, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JAMES FERGUSON

6066 LEESBURG PIKE STE 500

FALLS CHURCH, VA 22041

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/31/2010**

SCC ID NO: **01878180**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6066 LEESBURG PIKE
STE 500

CITY/ST/ZIP: FALLS CHURCH, VA 22041-

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: M JAMES MEHLINGER
TITLE: SECRETARY
ADDRESS: 5935 N 16TH STREET
CITY/ST/ZIP/CO: ARLINGTON, VA 22205-

OFFICER

DIRECTOR

NAME: JOHN CUMMINS
TITLE: PRESIDENT
ADDRESS: 3959 PENDER DRIVE
STE 200
CITY/ST/ZIP/CO: FAIRFAX, VA 22038-

OFFICER

DIRECTOR

NAME: DANIEL ORTIZ
TITLE: PRESIDENT-ELECT
ADDRESS: 4020 UNIVERSITY DR #300
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER

DIRECTOR

NAME: CAROLYN GRIMES
TITLE: DIRECTOR
ADDRESS: 3135 MOUNT VERNON AVENUE
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305-

OFFICER

DIRECTOR

NAME: DOUGLAS STEINBERG
TITLE: DIRECTOR
ADDRESS: 107 N. PAYNE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUISE WELBY TREASURER 8200 JONES BANCH DR MAILSTOP 211 MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK BODNER DIRECTOR 3925 UNIVERSITY DR FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN FOWLER DIRECTOR 3110 FAIRVIEW PARK DR SUITE 1400 FALLS CHURCH, VA 22042-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD CULKIN DIRECTOR 105 LOUDOUN STREET SE LEESBURG, VA 20175-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J. ZELNICK DIRECTOR 12610 LAKERIDGE DR WOODBIDGE, VA 22192-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON TRI TRAN DIRECTOR 6066 LEESBURG PIKE SUITE 500 FALLS CHURCH, VA 22041-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERTA TIMBERLAKE DIRECTOR 1001 S. 16TH STREET ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT PEETZ DIRECTOR 2746 BLOOMSBURY COURT WOODBIDGE, VA 22192-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID OBLON DIRECTOR 2200 CLARENDON BLVD SUITE 1201 ARLINGTON, VA 22201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FEZA MWENDANGA DIRECTOR 21230 HUNTINGTON SQUARE STERLING, VA 20166-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA ANATALIO DIRECTOR 6941 MARY CAROLINE CIRCLE ALEXANDRIA, VA 22310-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN OBLON DIRECTOR 1940 DUKE STREET ALEXANDRIA, VA 22314-	<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/ JOHN CUMMINS	JOHN CUMMINS, PRESIDENT	8/16/2010
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.