

1.) CORPORATION NAME:

LEGAL SERVICES OF NORTHERN VIRGINIA, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES FERGUSON
4080 CHAIN BRIDGE ROAD
1ST FLOOR**

SCC ID NO: **01878180**

FAIRFAX, VA

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: 4080 Chain Bridge Road
1st Floor

CITY/ST/ZIP: Fairfax, VA 22030

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:	TIM LYDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7930 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22402		

NAME:	LUISE WELBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8200 JONES BANCH DR		
CITY/ST/ZIP/CO:	MAILSTOP 211 MCLEAN, VA 22102		

NAME:	ROBERT J. ZELNICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12610 LAKERIDGE DR		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	ANGELA ANATALIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6941 MARY CAROLINE CIRCLE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	MARK BODNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3925 UNIVERSITY DR		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		

NAME:	DONALD CULKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	105 LOUDOUN STREET SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CUMMINS DIRECTOR 3959 PENDER DRIVE STE 200 FAIRFAX, VA 22038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN GRIMES SECRETARY 3135 MOUNT VERNON AVENUE ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E LABOWITZ DIRECTOR DINGMAN LABOWITZ 526 KING STREET, SUITE 423 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL ORTIZ DIRECTOR 4020 UNIVERSITY DR #300 FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT PEETZ DIRECTOR 2746 BLOOMSBURY COURT WOODBRIIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS STEINBERG DIRECTOR 107 N. PAYNE STREET ALEXANDRIA, VA 22314	<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:	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:	KATHY GILCHRIST DIRECTOR 10206 Chase Commons Drive #105 Burke, VA 22015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MITKA BAKER DIRECTOR DLA PIPER 500 8TH STREET NW WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT C TANNER DIRECTOR 4113 36TH STREET S ARLINGTON, VA 22206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER PEREZ DIRECTOR 5535 COLUMBIA PIKE APT 711 ARLINGTON, VA 22204	<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/ TIM LYDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIM LYDEN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/29/2013 DATE
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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.