

1.) CORPORATION NAME:

**INSTITUTE FOR FAMILY CENTERED SERVICES, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

DUE DATE: **10/29/2010**

SCC ID NO: **03291895**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 313 CONGRESS STREET, 5TH FLOOR

CITY/ST/ZIP: BOSTON, MA 02210-

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: LINDA DERENZO  
TITLE: SR.VP/SEC  
ADDRESS: 313 CONGRESS ST. 5TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02210-

OFFICER

DIRECTOR

NAME: BRUCE F. NARDELLA  
TITLE: PRESIDENT  
ADDRESS: 313 CONGRESS ST.  
5TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02210-

OFFICER

DIRECTOR

NAME: DENIS M HOLLER  
TITLE: EVP/CFO/T  
ADDRESS: 313 CONGRESS ST, 5TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02210-

OFFICER

DIRECTOR

NAME: JULIETTE E FAY  
TITLE: DIRECTOR  
ADDRESS: 313 CONGRESS ST, 5TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02210-

OFFICER

DIRECTOR

NAME: SARAH E. IDELSON  
TITLE: ASST SECRETARY  
ADDRESS: 313 CONGRESS ST.  
5TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02210-

OFFICER

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.

<u>/s/ SARAH E. IDELSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SARAH E. IDELSON, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/28/2010</u> 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.