

1.) CORPORATION NAME:

**NATIONAL LAW CENTER FOR CHILDREN AND FAMILIES**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**H ROBERT SHOWERS  
305 HARRISON STREET SE  
THIRD FLOOR**

SCC ID NO: **03737491**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
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**LEESBURG, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 305 HARRISON STREET, SE  
3RD FL.

CITY/ST/ZIP: LEESBURG, VA 20175

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:           | H ROBERT SHOWERS ESQUIRE      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | FOUNDER                       |   |  |
| ADDRESS:        | 305 HARRISON ST S E 3RD FLOOR |   |  |
| CITY/ST/ZIP/CO: | LEESBURG, VA 20175            |   |  |

|                 |                                      |   |  |
|-----------------|--------------------------------------|---|--|
| NAME:           | Christopher Williams                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                            |   |  |
| ADDRESS:        | 2010 Jimmy Durante Blvd<br>Suite 220 |   |  |
| CITY/ST/ZIP/CO: | Del Mar, CA 92014                    |   |  |

|                 |                                 |   |  |
|-----------------|---------------------------------|---|--|
| NAME:           | Jennifer K. Patrick             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                       |   |  |
| ADDRESS:        | 501 West Broadway<br>Suite 1310 |   |  |
| CITY/ST/ZIP/CO: | San Diego, CA 92101             |   |  |

|                 |                                 |                                  |  |
|-----------------|---------------------------------|----------------------------------|--|
| NAME:           | Wendy L. Patrick                | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                        |                                  |  |
| ADDRESS:        | 501 West Broadway<br>Suite 1310 |                                  |  |
| CITY/ST/ZIP/CO: | San Diego, CA 92101             |                                  |  |

|                 |                                 |                                  |  |
|-----------------|---------------------------------|----------------------------------|--|
| NAME:           | Dr. Mike MacIntosh              | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                        |                                  |  |
| ADDRESS:        | 501 West Broadway<br>Suite 1310 |                                  |  |
| CITY/ST/ZIP/CO: | San Diego, CA 92101             |                                  |  |

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/ H ROBERT SHOWERS<br>ESQUIRE                        | H ROBERT SHOWERS ESQUIRE,<br>FOUNDER | 4/29/2013<br>DATE |
| SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE<br>TITLE  |                   |

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.