

1.) CORPORATION NAME:

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ARTHUR T DEAN
C/O CADCA
625 SLATERS LN STE 300**

SCC ID NO: **03839032**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ALEXANDRIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 625 SLATERS LANE SUITE 300

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	THE HONOR MICHAEL J KRAMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	NOBLE SUPERIOR COURT, DIVISION 2 101 NORTH ORANGE STREET		
CITY/ST/ZIP/CO:	ALBION, IN 46701-1049		
NAME:	NEIL AUSTRIAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	22 BALLWOOD ROAD		
CITY/ST/ZIP/CO:	OLD GREENWICH, CT 06870		
NAME:	ARTHUR T DEAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR/CEO		
ADDRESS:	625 SLATERS LANE #300		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	DOUGLAS HUGHES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	625 SLATERS LANE SUITE 300		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	JERILYN SIMPSON- JORDAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1105 MENDOCINO WAY		
CITY/ST/ZIP/CO:	REDLANDS, CA 92374		
NAME:	MITCHELL ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	625 SLATERS LANE SUITE 300		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE JONES DIRECTOR 625 SLATERS LANE SUITE 300 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER KENNEDY LAWFORD DIRECTOR 625 SLATERS LANE SUITE 300 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN LESHNER DIRECTOR 625 SLATERS LANE SUITE 300 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS REDDIN DIRECTOR 625 SLATERS LANE SUITE 300 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHANIEL SUTTON DIRECTOR 625 SLATERS LANE SUITE 300 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary Bono DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael A. Braun DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert J. Dickey DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	General Frank J. Grass DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Curtis Hoagland DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Donald K. Truslow	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	625 Slaters Lane		
	Suite 300		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		

NAME:	Kevin M. Warren	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	625 Slaters Lane		
	Suite 300		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		

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/ MITCHELL ANDERSON	MITCHELL ANDERSON, VICE	10/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE 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.