

1.) CORPORATION NAME:

DUE DATE: **4/30/2012**

**JEWISH FAMILY SERVICE FOUNDATION, INC.**

SCC ID NO: **04084331**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
PHILIP S ROVNER**

5.) STOCK INFORMATION

**5000 CORPORATE WOODS DR STE 200  
VIRGINIA BEACH, VA 23462-4370**

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5000 CORPORATION WOODS DR  
#200

CITY/ST/ZIP: VA BEACH, VA 23462-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAY KLEBANOFF	
TITLE:	TREASURER	
ADDRESS:	1105 IVY DR	
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NATHAN E JAFFE	
TITLE:	CHAIRMAN	
ADDRESS:	PO BOX 3003	
CITY/ST/ZIP/CO:	NORFOLK, VA 23514-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHILIP S ROVNER	
TITLE:	SECRETARY	
ADDRESS:	5000 CORPORATE WOODS DR STE 200	
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA SPINDEL	
TITLE:	DIRECTOR	
ADDRESS:	4441 IRONWOOD DR	
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462-	

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/ PHILIP S ROVNER</u>	<u>PHILIP S ROVNER, SECRETARY</u>	<u>2/16/2012</u>
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.