

1.) CORPORATION NAME:

**The Tahirih Justice Center**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANUSCE SANAI  
6402 ARLINGTON BLVD, SUITE 300  
FALLS CHURCH, VA**

SCC ID NO: **04869764**

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: 6402 ARLINGTON BLVD  
STE 300

CITY/ST/ZIP: FALLS CHURCH, VA 22042

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:	KELLYE JENNINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8405 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	LAURIE PLESSALA DUPERIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	7221 PYLE ROAD		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	PAUL GLIST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1919 PENNSYLVANIA AVE, NW, STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		
NAME:	BERNADETTE PASSADE CISSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8605 VICTORY LANE		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854		
NAME:	COLLEEN COYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 WILSON BLVD, STE 1825		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	MARIA CESTONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 LIVINGSTON AVENUE, 1ST FL		
CITY/ST/ZIP/CO:	ROSELAND, NJ 07068		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUITTY EJTEMAI DIRECTOR 1921 WOODFORD ROAD VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN EWING DIRECTOR 1330 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM SANDMAN DIRECTOR 3333 K STREET NW WASHINGTON, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAYLI MILLER-MURO DIRECTOR 6402 ARLINGTON BLVD, STE 300 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FERN PHILLIPS O'BRIAN DIRECTOR 1919 M ST, NW, STE 700 WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOULA PROXENOS DIRECTOR 1689 34TH ST, NW WASHINGTON, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY NICOLLE RODGERS DIRECTOR ONE SHELL PLAZA, ROOM 1170 HOUSTON, TX 77002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFFORD YEE DIRECTOR 6402 ARLINGTON BLVD, STE 300 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SHIN DIRECTOR 6550 FANNIN STREET HOUSTON, TX 77030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAVID HAGHIGHI DIRECTOR 6402 ARLINGTON BLVD, STE 300 FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RATI SUD DIRECTOR 9705 PATUXENT WOODS DRIVE COLUMBIA, MD 21046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: HOMA SABET TAVANGAR TITLE: SECRETARY ADDRESS: 661 AUGUSTA COURT CITY/ST/ZIP/CO: BERWYN, PA 19312	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DEBRA WINGER TITLE: DIRECTOR ADDRESS: 6402 ARLINGTON BLVD, STE 300 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KELLY TULLIER TITLE: DIRECTOR ADDRESS: 700 ANDERSON HILL ROAD CITY/ST/ZIP/CO: PURCHASE, NY 10577	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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.		
/s/ LAYLI MILLER-MURO	LAYLI MILLER-MURO, DIRECTOR	4/29/2014
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.		