

1.) CORPORATION NAME:

NATIONAL CENTER FOR VICTIMS OF CRIME, INC.

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

JOANNE R MARVIN

3110 FAIRVIEW PARK DR STE 200

FALLS CHURCH, VA 22042

SCC ID NO: **05035837**

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: 2000 M STREET NW SUITE 480

CITY/ST/ZIP: WASHINGTON, DC 20036-

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: PHILIP GERSON
TITLE: TREASURER
ADDRESS: 1980 CORAL WAY
CITY/ST/ZIP/CO: MIAMI, FL 33145-

OFFICER

DIRECTOR

NAME: MAI FERNANDEZ
TITLE: DIRECTOR
ADDRESS: 2000 M ST NW STE 480
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: PATRICIA BROWN
TITLE: DIRECTOR
ADDRESS: 3307 M ST NW STE 301
C/O BIZTECHREPORTS.COM
CITY/ST/ZIP/CO: WASHINGTON, DC 20007-

OFFICER

DIRECTOR

NAME: MARK MANDELL
TITLE: COB
ADDRESS: ONE PARK ROW
C/O MANDELL, SCHWARTZ & BOISCLAIR
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: DENISE FORTE
TITLE: DIRECTOR
ADDRESS: 1722 E ST SE
CITY/ST/ZIP/CO: WASHINGTON, DC 20003-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELVIN HEWITT DIRECTOR 7000 PEACHTREE DUNWOODY RD BLDG 15 STE 100 C/O ISENBERG & HEWITT, P.C. ATLANTA, GA 30328-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALA ISHAM DIRECTOR 1215 FIFTH AVE APT 12B NEW YORK, NY 10029-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH H ISHAM DIRECTOR 410 PARK AVE STE 1710 C/O GH VENTURE PARTNERS, LLC NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD A MIGLIORI DIRECTOR 321 SOUTH MAIN ST C/O MOTLEY RICE LLC PROVIDENCE, RI 02903-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK M OCHBERG DIRECTOR 4383 MAUMEE DR OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN RICKMAN DIRECTOR 4825 MARK CENTER DR C/O CNA ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES J SGRO DIRECTOR 16 DANIELS RD BOONTON TOWNSHIP, NJ 07005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC SMITH DIRECTOR 200 E FORSYTH ST C/O MADDOX HORNE LAW FIRM JACKSONVILLE, FL 32202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO ACEVEDO VILLARRUEL DIRECTOR 1700 CRANSTON CT C/O MICHIGAN STATE UNIVERSITY EAST LANSING, MI 48823-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHAEL VALENTE TITLE: DIRECTOR ADDRESS: 2000 M ST NW STE 480 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID M ZLOTNICK TITLE: DIRECTOR ADDRESS: TEN METACOM AVE C/O ROGER WILLIAM UNIVERSITY SCHOOL OF LAW CITY/ST/ZIP/CO: BRISTOL, RI 02809-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID T AUSTERN TITLE: VICE CHAIRMAN ADDRESS: 3110 FAIRVIEW PARK STE 200 C/O CLAIMS RESOLUTION MANAGEMENT CORP CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: G MORRIS GURLEY TITLE: SECRETARY ADDRESS: 263 WEST END AVE APT 20B CITY/ST/ZIP/CO: NEW YORK, NY 10023-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALEXANDER AUERSPERG TITLE: DIRECTOR ADDRESS: 829 PARK AVE APT 10A CITY/ST/ZIP/CO: NEW YORK, NY 10021-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KATHLEEN FLYNN PETERSON TITLE: DIRECTOR ADDRESS: 800 LASALLE AVE, 2800 LASALLE PLAZA C/O ROBINS, KAPLAN, MILLER, & CIRESI LLP CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<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.		
<u>/s/ MAI FERNANDEZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MAI FERNANDEZ, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>8/10/2011</u> 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.		