

1.) CORPORATION NAME:

NATIONAL CENTER FOR VICTIMS OF CRIME, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFREY R DION
11954 HOLLY VIEW DRIVE
WOODBIDGE, VA 22192**

SCC ID NO: **05035837**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 M STREET NW SUITE 480
Finance

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.

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID T AUSTERN	
TITLE:	VICE CHAIRMAN	
ADDRESS:	3110 FAIRVIEW PARK DR STE 200	
CITY/ST/ZIP/CO:	C/O CLAIMS RESOLUTION MANAGEMENT CORP FALLS CHURCH, VA 22042	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK MANDELL	
TITLE:	COB	
ADDRESS:	ONE PARK ROW	
CITY/ST/ZIP/CO:	C/O MANDELL, SCHWARTZ & BOISCLAIR PROVIDENCE, RI 02903	

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAI FERNANDEZ PRESIDENT 2000 M ST NW STE 480 WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE FORTE DIRECTOR 1722 E ST SE WASHINGTON, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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:	KATHLEEN FLYNN PETERSON DIRECTOR 800 LASALLE AVE, 2800 LASALLE PLAZA C/O ROBINS, KAPLAN, MILLER, & CIRESI LLP MINNEAPOLIS, MN 55402	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M ZLOTNICK DIRECTOR TEN METACOM AVE C/O ROGER WILLIAM UNIVERSITY SCHOOL OF LAW BRISTOL, RI 02809	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD KLEVAN DIRECTOR 67 BATES BLVD ORINDA, CA 94563	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN MARTIN DIRECTOR 1540 BROADWAY STE 1630 C/O BRAND COMMUNICATIONS NEW YORK, NY 10036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY R DION DEPUTY EXEC DIR 2000 M ST NW STE 480 WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN ROTHMAN DIR FINANCE 2000 M ST NW STE 480 WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input 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/ IAN ROTHMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	IAN ROTHMAN, DIR FINANCE PRINTED NAME AND CORPORATE TITLE	6/18/2012 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.			