

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212554099

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

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.

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

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

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

NAME: G MORRIS GURLEY OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 263 WEST END AVE APT 20B
CITY/ST/ZIP/CO: NEW YORK, NY 10023

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

NAME: JEFFREY R DION OFFICER DIRECTOR
TITLE: DEPUTY EXEC DIR
ADDRESS: 2000 M ST NW STE 480
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER AUERSPERG DIRECTOR 829 PARK AVE APT 10A NEW YORK, NY 10021	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA BROWN DIRECTOR 3307 M ST NW STE 301 C/O BIZTECHREPORTS.COM WASHINGTON, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" 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:	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:	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: FRANK M OCHBERG TITLE: DIRECTOR ADDRESS: 4383 MAUMEE DR CITY/ST/ZIP/CO: OKEMOS, MI 48864	<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	
NAME: STEPHEN RICKMAN TITLE: DIRECTOR ADDRESS: 4825 MARK CENTER DR C/O CNA CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES J SGRO TITLE: DIRECTOR ADDRESS: 16 DANIELS RD CITY/ST/ZIP/CO: BOONTON TOWNSHIP, NJ 07005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIC SMITH TITLE: DIRECTOR ADDRESS: 200 E FORSYTH ST C/O MADDOX HORNE LAW FIRM CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRANCISCO ACEVEDO VILLARRUEL TITLE: DIRECTOR ADDRESS: 1700 CRANSTON CT C/O MICHIGAN STATE UNIVERSITY CITY/ST/ZIP/CO: EAST LANSING, MI 48823	<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/ MAI FERNANDEZ	MAI FERNANDEZ, PRESIDENT	2/15/2013
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.		