

1.) CORPORATION NAME:

**Trisomy 18 Support, Inc.**

DUE DATE: **6/30/2011**

SCC ID NO: **05979240**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
VICTORIA J MILLER  
1356 CRANES BILL WAY  
WOODBIDGE, VA 22191**

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: 4491 CHESHIRE STATION PLAZA  
SUITE 157

CITY/ST/ZIP: DALE CITY, VA 22193-

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:	VICTORIA J MILLER	
TITLE:	P/EXEC DIRECTOR	
ADDRESS:	4491 CHESHIRE STATION PLAZA SUITE 157	
CITY/ST/ZIP/CO:	DALE CITY, VA 22193-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN DONOHOE	
TITLE:	BOARD MEMBER	
ADDRESS:	4491 CHESHIRE STATION PLAZA SUITE 157	
CITY/ST/ZIP/CO:	DALE CITY, VA 22193-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONALD E MILLER	
TITLE:	BOARD MEMBER	
ADDRESS:	4491 CHESHIRE STATION PLAZA SUITE 157	
CITY/ST/ZIP/CO:	DALE CITY, VA 22193-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN VERRELLI	
TITLE:	BD MEMBER	
ADDRESS:	4504 S KENNETH PL	
CITY/ST/ZIP/CO:	TEMPE, AZ 85282-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTENA PAZOS	
TITLE:	Board Member	
ADDRESS:	515 S 28TH COURT	
CITY/ST/ZIP/CO:	HOLLYWOOD, FL 33020-4735	

NAME:                   STEPHEN SMOLKA TITLE:                   Board Member ADDRESS:                2408 ROCKWOOD AVENUE CITY/ST/ZIP/CO:        BALTIMORE, MD 21209-4222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME:                   JEANNE CLARK, PH.D. TITLE:                   Board Member ADDRESS:                2408 ROCKWOOD AVENUE CITY/ST/ZIP/CO:        BALTIMORE, MD 21209-4222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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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/ VICTORIA J MILLER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>VICTORIA J MILLER, P/EXEC</u> DIRECTOR PRINTED NAME AND CORPORATE TITLE	<u>7/15/2011</u> DATE
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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.