

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212515413
1.) CORPORATION NAME: Recovery Agents Benefit Fund, Inc.		DUE DATE: 4/30/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TRACY C HUDSON 9300 W COURTHOUSE RD STE 203 MANASSAS, VA 20110		SCC ID NO: 06940050
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9379 FORESTWOOD LN CITY/ST/ZIP: MANASSAS, VA 20110		
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: EDWARD MARCUM TITLE: PRESIDENT ADDRESS: 9379 FORESTWOOD LN CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANA LOAN TITLE: DIRECTOR ADDRESS: 9379 FORESTWOOD LN CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE WILKINS TITLE: DIRECTOR ADDRESS: 9379 FORESTWOOD LN CITY/ST/ZIP/CO: MANASSAS, VA 20110	<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/ DANA LOAN	DANA LOAN, DIRECTOR	4/26/2012
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.		