

1.) CORPORATION NAME: NATIONAL CENTER FOR PREVENTION OF COMMUNITYVIOLENCE, INC.	DUE DATE: 1/31/2013 SCC ID NO: 07046352		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT J KIPPER 11008 WARWICK BLVD STE 416 NEWPORT NEWS, VA 23601	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NEWPORT NEWS CITY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4410 E CLAIBORNE SQUARE SUITE 334 CITY/ST/ZIP: HAMPTON, VA 23666	
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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: DAVID L HANCOCK TITLE: CHAIRMAN/PRES ADDRESS: 4410 E CLAIBORNE SQUARE SUITE 334 CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: BUD RAMEY TITLE: VICE PRESIDENT ADDRESS: 4410 E CLAIRBORNE SQUARE SUITE 334 CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: ROBERT J KIPPER TITLE: O/D/S/T ADDRESS: 4410 E CLAIBORNE SQUARE SUITE 334 CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

/s/ DAVID L HANCOCK	DAVID L HANCOCK, CHAIRMAN/PRES	1/27/2013
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.