

1.) CORPORATION NAME:

Virginia Criminal Justice Foundation, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MOLLY G BROWN
231 INSTITUTE ST
STAUNTON, VA 24401**

SCC ID NO: **07113061**

5.) STOCK INFORMATION

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

STAUNTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 1011

CITY/ST/ZIP: Roanoke, VA 24005

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:	DONALD CALDWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	315 CHURCH ST		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		
NAME:	E M WRIGHT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 243		
CITY/ST/ZIP/CO:	BUCKINGHAM, VA 23921		
NAME:	MOLLY G BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	231 INSTITUTE ST		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		
NAME:	NEIL S VENER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 236		
CITY/ST/ZIP/CO:	RUSTBURG, VA 24588		
NAME:	Joel Branscom	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. Box 4		
CITY/ST/ZIP/CO:	Fincastle, VA 24090		
NAME:	Betty Jo Anthony	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	315 Church Ave, SW		
CITY/ST/ZIP/CO:	Roanoke, VA 24016		

NAME: Denise Lunsford TITLE: DIRECTOR ADDRESS: 410 E High St CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tamara Neo TITLE: DIRECTOR ADDRESS: 4035 College Ave CITY/ST/ZIP/CO: #203 Bluefield, VA 24605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Harvey Bryant TITLE: DIRECTOR ADDRESS: 2425 Nimmo Pkwy CITY/ST/ZIP/CO: Virginia Beach, VA 23456	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LaBravia Jenkins TITLE: DIRECTOR ADDRESS: P.O. Box 886 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Trodden TITLE: DIRECTOR ADDRESS: 815 Druid Ave CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Curtis TITLE: DIRECTOR ADDRESS: 12 Riding Path CITY/ST/ZIP/CO: Hampton, VA 23669	<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/ MOLLY G BROWN	MOLLY G BROWN, TREASURER	7/16/2012
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.