

1.) CORPORATION NAME:

**NAVY-MARINE CORPS RELIEF SOCIETY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**W H SCHMIDT JR**

**875 N RANDOLPH ST STE 225**

**ARLINGTON, VA 22203**

DUE DATE: **2/29/2012**

SCC ID NO: **F0229486**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 875 N RANDOLPH ST  
STE 225

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: ADM CHARLES S ABBOT USN (RET)  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 875 N RANDOLPH ST  
STE 225  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

NAME: MR. W L WILLIAMS  OFFICER  DIRECTOR  
TITLE: VP/CIO  
ADDRESS: 875 N RANDOLPH ST STE 225  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

NAME: MAJGEN CARL JENSEN USMC(RET)  OFFICER  DIRECTOR  
TITLE: EVP/COO  
ADDRESS: 875 N RANDOLPH ST  
STE 225  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

NAME: GEN JAMES AMOS, USMC  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 875 N RANDOLPH ST  
STE 225  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

NAME: CDR JOHN ALEXANDER, USN(RET)  OFFICER  DIRECTOR  
TITLE: VP/CCO  
ADDRESS: 875 N RANDOLPH ST  
STE 225  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. BONNIE AMOS DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SGTMAJMC M. P. BARRETT, USMC DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RADM BRUCE ENGELHARDT, USN(RET) DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. LAURÉ FERGUSON DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADM JONATHAN GREENERT, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADM J. W. HOUCK, JAGC, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADM J. D. MCCARTHY, USN(RET) DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LTGEN R. E. MILSTEAD, USMC DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. MEGAN MOFFIT DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. DARLENE GREENERT DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. SUSAN BARRETT DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADM MATTHEW NATHAN, MC, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RADM MARK TIDD, CHC, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADM SCOTT VAN BUSKIRK, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADM M. C. VITALE, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEN J. J. WENT, USMC DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MCPON RICK WEST, USN DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. BOBBI WEST DIRECTOR 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MRS. BOBBIE WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	875 N RANDOLPH ST STE 225		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME:	WESLEY SCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	875 N RANDOLPH ST STE 225		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

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/ WESLEY SCHMIDT</u>	<u>WESLEY SCHMIDT, VP/CFO</u>	<u>3/14/2012</u>
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.