

1.) CORPORATION NAME:

NAVY-MARINE CORPS RELIEF SOCIETY

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER B COLLINS
875 N RANDOLPH STREET
SUITE 225**

SCC ID NO: **F0229486**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA 22203

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)	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	875 N RANDOLPH ST		
CITY/ST/ZIP/CO:	STE 225 ARLINGTON, VA 22203		

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

NAME:	MR. W L WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CIO		
ADDRESS:	875 N RANDOLPH ST STE 225		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	MAJGEN CARL JENSEN USMC(RET)	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/COO		
ADDRESS:	875 N RANDOLPH ST		
CITY/ST/ZIP/CO:	STE 225 ARLINGTON, VA 22203		

NAME:	GEN JAMES AMOS, USMC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	875 N RANDOLPH ST		
CITY/ST/ZIP/CO:	STE 225 ARLINGTON, VA 22203		

NAME:	MRS. BONNIE AMOS	<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:	MRS. SUSAN BARRETT	<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:	SGTMAJMC M. P. BARRETT, USMC	<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:	RADM BRUCE ENGELHARDT, USN(RET)	<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:	MRS. LAURÉ FERGUSON	<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:	MRS. DARLENE GREENERT	<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:	ADM JONATHAN GREENERT, USN	<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:	VADM J. W. HOUCK, JAGC, USN	<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:	VADM J. D. MCCARTHY, USN(RET)	<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:	LTGEN R. E. MILSTEAD, USMC	<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: 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:	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:	MRS. BOBBI WEST 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. BOBBIE WILLIAMS 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:	BGEN PETER B COLLINS (RET) VP/CAO 875 N RANDOLPH ST STE 225 ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	CAPT SHELLEY S MARSHALL (RET)	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CDCO		
ADDRESS:	875 N RANDOLPH ST		
CITY/ST/ZIP/CO:	STE 225 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.

/s/ BGEN PETER B COLLINS (RET)	BGEN PETER B COLLINS (RET),	2/21/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/CAO	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.