

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211523820

1.) CORPORATION NAME:

**COMMON CAUSE**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LANE 2ND FL  
VIRGINIA BEACH, VA 23462**

DUE DATE: **10/31/2011**

SCC ID NO: **F0286304**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1133 19TH STREET NW  
STE 900

CITY/ST/ZIP: WASHINGTON, DC 20036-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARTHA TIERNEY	
TITLE:	CHAIRMAN	
ADDRESS:	1133 19TH STREET NW SUITE 900	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELIZABETH GARRETT	
TITLE:	TREASURER	
ADDRESS:	1133 19TH STREET NW STE 900	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT WILLIAM EDGAR	
TITLE:	P/CEO	
ADDRESS:	1133 19TH STREET NW STE 900	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MAYA MACGUINEAS	
TITLE:	SECRETARY	
ADDRESS:	1133 19TH STREET NW SUITE 900	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JACK TAYLOR	
TITLE:	VICE CHAIRMAN	
ADDRESS:	1133 19TH STREET NW STE 900	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN BARBER DIRECTOR 1133 19TH STREET NW STE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD BAYNES DIRECTOR 1133 19TH STREET NW STE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMMET BONDURANT DIRECTOR 1133 19TH STREET NW STE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BUTLER DERRICK, JR DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE FERNANDES DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALT FREESE DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET FUNG DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA GIRTON-MITCHELL DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK GOULD DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD HILL DIRECTOR 1133 19TH STREET NW SUITE 900 WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ELIZABETH MARCHANT TITLE: CFO ADDRESS: 1133 19TH STREET NW STE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ ELIZABETH GARRETT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ELIZABETH GARRETT, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>10/5/2011</u> DATE
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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.