

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212540225

1.) CORPORATION NAME:

COMMON CAUSE

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC
4445 CORPORATION LANE 2ND FL
VIRGINIA BEACH, VA 23462**

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.

NAME: ROBERT WILLIAM EDGAR OFFICER DIRECTOR
TITLE: P/CEO
ADDRESS: 1133 19TH STREET NW
STE 900
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

NAME: Jack Gould OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 1133 19TH STREET NW SUITE 900
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

NAME: Jack Taylor OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 1133 19TH STREET NW
STE 900
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

NAME: Robert Reich OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: 1133 19TH STREET NW SUITE 900
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

NAME: ELIZABETH MARCHANT OFFICER DIRECTOR
TITLE: CFO
ADDRESS: 1133 19TH STREET NW
STE 900
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

NAME: BENJAMIN BARBER OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1133 19TH STREET NW STE 900
CITY/ST/ZIP/CO: WASHINGTON, DC 20036

NAME: LEONARD BAYNES TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW STE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EMMET BONDURANT TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW STE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Derrick Butler TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET FUNG TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA GIRTON-MITCHELL TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEONARD HILLL TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<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/ Jack Gould SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jack Gould, SECRETARY PRINTED NAME AND CORPORATE TITLE
10/18/2012 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.	