

SCC eFile  
(6/10)

2010 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

210506975

1.) CORPORATION NAME:

**NATIONAL FEDERATION OF INDEPENDENT BUSINESS**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

DUE DATE: **7/30/2010**

SCC ID NO: **F0434383**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

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

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

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 53 CENTURY BLVD SUITE 250

CITY/ST/ZIP: NASHVILLE, TN 37214-

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: JEFF SMITH  
TITLE: TREASURER  
ADDRESS: 53 CENTURY BLVD  
STE 250  
CITY/ST/ZIP/CO: NASHVILLE, TN 37214-

OFFICER

DIRECTOR

NAME: DONALD A DANNER  
TITLE: PRES/CEO/DIR  
ADDRESS: 1201 F STREET NW STE 200  
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME: MARY BLASINSKY  
TITLE: SVP/SEC  
ADDRESS: 1201 F STREET NW STE 200  
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME: TAMMY S BOEHMS  
TITLE: SVP/CFO  
ADDRESS: 53 CENTURY BLVD STE 250  
CITY/ST/ZIP/CO: NASHVILLE, TN 37214-

OFFICER

DIRECTOR

NAME: KURT SUMMERS  
TITLE: DIRECTOR  
ADDRESS: 1201 F STREET NW STE 200  
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME:	TIM CLAYTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	SUNDER RAMANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	BRAD EIFFERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	RUTH LOPEZ NOVODOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	JUNE LENNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	MIKE NOBIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	MARIA COAKLEY DAVID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	DAVID GUERNSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	NEVIN GROCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		
NAME:	BETTY NEIGHBORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 F STREET NW STE 200		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004-		

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/ TAMMY S BOEHMS	TAMMY S BOEHMS, SVP/CFO	1/5/2011
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.