

1.) CORPORATION NAME:

**FAMILY AND CHILD SERVICES OF WASHINGTON,  
D.C., INCORPORATED**

DUE DATE: **4/30/2013**

SCC ID NO: **F0479834**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS C BROWN JR  
MCGUIRE WOODS  
1750 TYSONS BLVD STE 1800  
  
MCLEAN, VA 22102-3915**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1509 16TH ST NW

CITY/ST/ZIP: WASHINGTON, DC 20036-1426

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:	THOMAS L JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1121 I ST SE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		

NAME:	EDNA KANE-WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7700 QUAINT COURT		
CITY/ST/ZIP/CO:	BOWIE, MD 20720		

NAME:	STEVEN S ROSENTHAL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	901 15STH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	GEORGE EDGAR ADKINS JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1342 CORCORAN ST., NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	DIANE SHUST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1035 LONGWORTH HOUSE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20515		

NAME:	TRINA EADDY ALEXANDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 7720		
CITY/ST/ZIP/CO:	UPPER MARLBORO, MD 20792		

NAME: DAVID BOWMAN TITLE: DIRECTOR ADDRESS: 6632 32ND STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT GOODRICH TITLE: DIRECTOR ADDRESS: 4800 17TH STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNABELLE LOCKHART TITLE: DIRECTOR ADDRESS: 1322 IRVING STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tonya Jackson Smallwood TITLE: PRESIDENT ADDRESS: 1509 16th Street, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" 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/ THOMAS L JOHNSON	THOMAS L JOHNSON, CHAIRMAN	2/28/2013
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.		