

1.) CORPORATION NAME:

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

DUE DATE: **4/30/2014**

SCC ID NO: **F0479834**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 285**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO 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: 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
NAME: GEORGE EDGAR ADKINS JR TITLE: TREASURER ADDRESS: 1342 CORCORAN ST., NW CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS L JOHNSON TITLE: CHAIRMAN ADDRESS: 1121 I ST SE CITY/ST/ZIP/CO: WASHINGTON, DC 20006	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN S ROSENTHAL TITLE: VICE CHAIRMAN ADDRESS: 901 15TH ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANE SHUST TITLE: SECRETARY ADDRESS: 1035 LONGWORTH HOUSE CITY/ST/ZIP/CO: WASHINGTON, DC 20515	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRINA EADDY ALEXANDER TITLE: DIRECTOR ADDRESS: PO BOX 7720 CITY/ST/ZIP/CO: UPPER MARLBORO, MD 20792	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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: EDNA KANE-WILLIAMS TITLE: DIRECTOR ADDRESS: 7700 QUAIN COURT CITY/ST/ZIP/CO: BOWIE, MD 20720	<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: KATHRYN CLAY TITLE: DIRECTOR ADDRESS: 517 mAIN sTREET CITY/ST/ZIP/CO: Laurel, MD 20707	<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/ TONYA JACKSON SMALLWOOD _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TONYA JACKSON SMALLWOOD, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	3/24/2014 _____ 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.		