

1.) CORPORATION NAME:

The National Spinal Cord Injury Association, Inc.

DUE DATE: **1/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

WILLIAM A LASCARA

222 CENTRAL PARK AVE

VIRGINIA BEACH, VA 23462

SCC ID NO: **F1020066**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **ONE CHURCH STREET
STE 600**

CITY/ST/ZIP: **ROCKVILLE, MD 20850-**

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:	PATRICK MAHER	
TITLE:	PRESIDENT	
ADDRESS:	SPR/NABLEMENT 233S WACKER DR STE 3500	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	K ERIC LARSON	
TITLE:	CEO	
ADDRESS:	1 CHURCH STREET STE 600	
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20850-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAMELA BALLARD	
TITLE:	DIRECTOR	
ADDRESS:	102 IRVING ST NW	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20010-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CARMEN DIGIOVINE	
TITLE:	VICE PRESIDENT	
ADDRESS:	453 W. 10TH AVE.	
CITY/ST/ZIP/CO:	COLUMBUS, OH 43035-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID ESTRADA	
TITLE:	VICE PRESIDENT	
ADDRESS:	4975 WASHINGTON ST	
CITY/ST/ZIP/CO:	WEST ROXBURY, MA 02132-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY BROONER DIRECTOR 2061 W 26TH PLACE EUGENE, OR 97405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL ARONSOHN VICE PRESIDENT PO BOX 563 RIDGWOOD, NJ 07451-0563	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANEEN EARWOOD SECRETARY ASC 6900 S GAY ROAD INDIANAPOLIS, IN 46237-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRETCHEN FOX DIRECTOR 1145 AQUEDUCT WAY INDIANAPOLIS, IN 46280-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN FIORITI DIRECTOR 7 VINEYARD PLACE NORTH EASTON, MA 02356-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL MARK DIRECTOR 891 MCKENNAN RD HERKIMER, NY 13350-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE SANG DIRECTOR 75 FRANCIS ST. PBB AB 275 BOSTON, MA 02115-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY HICKS EXEC COMM CHAIR 2501 PORTER ST. NW WASHINGTON, DC 20008-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH MYERS DIRECTOR 3701 WAKE FOREST RD RALEIGH, NC 27609-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD ZANDROW GENERAL COUNSEL 225 WATER ST. STE. A-300 PLYMOUTH, MA 02360-	<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.

<u>/s/ K ERIC LARSON</u>	<u>K ERIC LARSON, CEO</u>	<u>2/2/2011</u>
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.