

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

LEGAL COUNSEL FOR THE ELDERLY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1115064**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 E Street, NW

CITY/ST/ZIP: Washington, DC 20049

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: Elizabeth Mitchell TITLE: PRESIDENT ADDRESS: 601 E Street, NW CITY/ST/ZIP/CO: Washington, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jan May TITLE: VICE PRESIDENT ADDRESS: 601 E Street, NW CITY/ST/ZIP/CO: Washington, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Edna Kane Williams TITLE: SECRETARY ADDRESS: 601 E Street, NW CITY/ST/ZIP/CO: Washington, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Ernesto Rosemond TITLE: TREASURER ADDRESS: 601 E Street, NW CITY/ST/ZIP/CO: Washington, DC 20049	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Harold Backus TITLE: DIRECTOR ADDRESS: 601 E Street, NW CITY/ST/ZIP/CO: Washington, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Louis Davis TITLE: DIRECTOR ADDRESS: 601 E Street, NW CITY/ST/ZIP/CO: Washington, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William A Isaacson DIRECTOR 601 E Street, NW Washington, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ira Polon DIRECTOR 601 E Street, NW Washington, DC 20049	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sharis Arnold Pozen DIRECTOR 601 E Street, NW Washington, DC 20049	<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/ Jan May SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jan May, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/19/2012 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.			