

1.) CORPORATION NAME:

**NATIONAL COALITION FOR MARINE
CONSERVATION INCORPORATED**

DUE DATE: **12/30/2010**

SCC ID NO: **F1402892**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
KENNETH A HINMAN
4 ROYAL ST SE
LEESBURG, VA 20175**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4 ROYAL STREET SE

CITY/ST/ZIP: LEESBURG, VA 20175-

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:	KENNETH A HINMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4 ROYAL ST SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175-		
NAME:	MARY BARLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P O BOX 1915		
CITY/ST/ZIP/CO:	ISALAMORADA, FL 33036-		
NAME:	JOHN HEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	P O BOX 10617		
CITY/ST/ZIP/CO:	SEDONA, AZ 86339-		
NAME:	CHRISTOPHER M WELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHM		
ADDRESS:	P OBOX 928		
CITY/ST/ZIP/CO:	ESSEX, MA 01929-		
NAME:	WILLIAM AKIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 146		
CITY/ST/ZIP/CO:	MONTAUK, NY 11954-		

NAME: ARTHUR CHOATE TITLE: DIRECTOR ADDRESS: 1390 S. DIXIE HWY CITY/ST/ZIP/CO: CORAL GABLES, FL 33146-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SABRINA KLEINKNECHT TITLE: DIRECTOR ADDRESS: 21 SPRAY AVENUE CITY/ST/ZIP/CO: MONTEREY, CA 93940-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICK WEBER TITLE: DIRECTOR ADDRESS: P.O. BOX 641 CITY/ST/ZIP/CO: CAPE MAY, NJ 08204-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BILL BOYCE TITLE: DIRECTOR ADDRESS: 34707 BOUQUET CANYON ROAD CITY/ST/ZIP/CO: SAUGUS, CA 91390-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA KAUPE TITLE: DIRECTOR ADDRESS: 1185 NORTH LAKE WAY CITY/ST/ZIP/CO: PALM BEACH, FL 33480-	<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/ KENNETH A HINMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KENNETH A HINMAN, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
12/3/2010 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.	