

1.) CORPORATION NAME:

**NATIONAL COALITION FOR MARINE  
CONSERVATION INCORPORATED**

DUE DATE: **12/31/2013**

SCC ID NO: **F1402892**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	ARTHUR CHOATE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1390 S. DIXIE HWY		
CITY/ST/ZIP/CO:	CORAL GABLES, FL 33146		
NAME:	MARY BARLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1915		
CITY/ST/ZIP/CO:	ISALAMORADA, FL 33036		
NAME:	BILL BOYCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	34707 BOUQUET CANYON ROAD		
CITY/ST/ZIP/CO:	SAUGUS, CA 91390		
NAME:	Rick Weber	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1231 Route 109		
CITY/ST/ZIP/CO:	Cape May, NJ 08204		
NAME:	Christopher Weld	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 928		
CITY/ST/ZIP/CO:	Essex, MA 01929		

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
NAME: Stanley Arkin TITLE: DIRECTOR ADDRESS: P.O. Box 1457 CITY/ST/ZIP/CO: Amagansett, NY 11930	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C.J. Bright, Jr. TITLE: DIRECTOR ADDRESS: P.O. Box 2158 CITY/ST/ZIP/CO: Kaiula-Kona, HI 96745	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sabrina Kleinknecht TITLE: DIRECTOR ADDRESS: 4401 Paiute Blvd CITY/ST/ZIP/CO: Pahrump, NV 89061	<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	KENNETH A HINMAN, PRESIDENT	12/31/2013
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.		