

1.) CORPORATION NAME:

**PARENTS OF MURDERED CHILDREN, INC.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SARAH HESS  
744 SALT MEADOW BAY DR #316  
VIRGINIA BEACH, VA**

SCC ID NO: **F1410168**

5.) STOCK INFORMATION

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

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4960 Ridge Ave.  
STE 2

CITY/ST/ZIP: CINCINNATI, OH 45209

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:	HOWARD KLERK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4960 Ridge Ave. Ste 2		
CITY/ST/ZIP/CO:	CINTI, OH 45209		

NAME:	CAROLE DIADDEZIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 KELMAR AVENUE		
CITY/ST/ZIP/CO:	MALVERN, PA 19355		

NAME:	SARAH HESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VIRGINIA BEACH CHAPTER 744 SALT MEADOW BAY DRIVE #316		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		

NAME:	TERRY JACOBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	503 NORTH COUNTY FARM RD		
CITY/ST/ZIP/CO:	WHEATON, IL 60187		

NAME:	HARRY BONNELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6910 MONTE VERDE DRIVE		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92119		

NAME:	DEBBI MELARAGNO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8226 WINDHAM DRIVE		
CITY/ST/ZIP/CO:	MENTOR, OH 44060		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN MCGANN DIRECTOR 1620 STANTON AVE. SAN PABLO, CA 94806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVIN BRYANT DIRECTOR 1006 KENMORE DR. COLUMBIA, SC 29209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM WOODS DIRECTOR 1450 DUKE ST ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARROLL ANN ELLIS DIRECTOR 9300 LEE HIGHWAY S FAIRFAX, VA 22031	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABRIELLE BIRKNER DIRECTOR 654 CARROLL ST APT 3L BROOKLYN, NY 11215	<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/ HOWARD KLERK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOWARD KLERK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/3/2013 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.			