

1.) CORPORATION NAME:

NATIONAL COUNCIL FOR ADOPTION

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WAYNE W. SHARP
225 N. WASHINGTON STREET
ALEXANDRIA, VA 22314**

SCC ID NO: **F1506312**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 N. WASHINGTON ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	CHARLES E JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2964 HICKORY VALLEY DRIVE		
CITY/ST/ZIP/CO:	WALDORF, MD 20601		
NAME:	HEIDI BRUEGEL COX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6300 JOHN RYAN DRIVE		
CITY/ST/ZIP/CO:	FORT WORTH, TX 76132		
NAME:	WAYNE W SHARP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4121 N RIVER ST		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	PAMELA E STEVENSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	18 HILLHOLM ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M5P 1M2, CA		
NAME:	KEVIN WREGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4410 Massachusetts Ave, NW #150		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20016		
NAME:	WILLIAM BLACQUIERE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 N. WASHINGTON STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA CONWAY DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARISA MASON DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MCCONKIE DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACEY REYNOLDS DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM ROSEN DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN LUWIS DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SAVLEY DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN SUNDAY DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUS STERN DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<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.

<u>/s/ CHARLES E JOHNSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES E JOHNSON,</u> PRESIDENT PRINTED NAME AND CORPORATE TITLE	<u>4/23/2012</u> DATE
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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.