

1.) CORPORATION NAME:

NATIONAL COUNCIL FOR ADOPTION

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:

TX

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 TITLE: PRESIDENT ADDRESS: 2964 HICKORY VALLEY DRIVE CITY/ST/ZIP/CO: WALDORF, MD 20601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PHIL LITTLETON TITLE: TREASURER ADDRESS: 1195 CITY VIEW CITY/ST/ZIP/CO: EUGENE, OR 97402	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEIDI BRUEGEL COX TITLE: SECRETARY ADDRESS: 6300 JOHN RYAN DRIVE CITY/ST/ZIP/CO: FORT WORTH, TX 76132	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STACEY REYNOLDS TITLE: VICE CHAIRMAN ADDRESS: 225 N. WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WAYNE W SHARP TITLE: VICE CHAIRMAN ADDRESS: 4121 N RIVER ST CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN WREGE TITLE: CHAIRMAN ADDRESS: 4410 MASSACHUSETTS AVE, NW #150 CITY/ST/ZIP/CO: WASHINGTON, DC 20016	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BLACQUIERE 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:	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:	ROSEMARY MCDONOUGH DIRECTOR 9 ELMWOOD AVENUE NARBETH, PA 19072	<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:	LOU STERN 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:	LISA SINCLAIR DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA SPICER DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE THORNE DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREA VAVONESE DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED HELM DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM SHEEDY DIRECTOR 225 N. WASHINGTON STREET ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CHARLES E JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES E JOHNSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/22/2014 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.