

1.) CORPORATION NAME:

INSTITUTE FOR JUSTICE

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
STEVEN ANDERSON
901 N GLEBE RD STE 900
ARLINGTON, VA 22203**

DUE DATE: **2/29/2012**

SCC ID NO: **F1656661**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 N GLEBE RD STE 900

CITY/ST/ZIP: ARLINGTON, VA 22203-

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: WILLIAM H MELLOR
TITLE: PRESIDENT
ADDRESS: 901 N GLEBE RD STE 900
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: DEBORAH SIMPSON
TITLE: SECRETARY
ADDRESS: 901 N GLEBE RD STE 900
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: STEVEN ANDERSON
TITLE: TREASURER
ADDRESS: 901 N GLEBE RD STE 900
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER

DIRECTOR

NAME: DAVID B KENNEDY
TITLE: DIRECTOR
ADDRESS: 2200 GREEN RD
SUITE H
CITY/ST/ZIP/CO: ANN ARBOR, MI 48105-

OFFICER

DIRECTOR

NAME: JAMES LINTOTT
TITLE: DIRECTOR
ADDRESS: 9811 SUNNYBROOK DR
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-

OFFICER

DIRECTOR

NAME: ARTHUR DANTCHIK TITLE: DIRECTOR ADDRESS: 401 CITY AVENUE CITY/ST/ZIP/CO: BALA CYNWYD, PA 19004-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM DUNN TITLE: DIRECTOR ADDRESS: 309 EAST OSCEOLA STREET CITY/ST/ZIP/CO: STUART, FL 34994-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BOB GELFOND TITLE: DIRECTOR ADDRESS: 45 EAST 25TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10010-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BOB LEVY TITLE: DIRECTOR ADDRESS: 8787 BAY COLONY DRIVE CITY/ST/ZIP/CO: NAPLES, FL 34108-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEN LEVY TITLE: DIRECTOR ADDRESS: 33 CRYSTAL DRIVE CITY/ST/ZIP/CO: MOUNTAIN LAKES, NJ 07046-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN MODZELEWSKI TITLE: DIRECTOR ADDRESS: 1578 RIVER ROAD CITY/ST/ZIP/CO: NEW HOPE, PA 18938-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ABIGAIL THERNSTROM TITLE: DIRECTOR ADDRESS: 5920 WOODLEY ROAD CITY/ST/ZIP/CO: MCLEAN, VA 22101-	<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/ STEVEN ANDERSON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN ANDERSON, TREASURER _____ PRINTED NAME AND CORPORATE TITLE
12/15/2011 _____ 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.	