

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214530442

1.) CORPORATION NAME:

National Main Street Center, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1934845**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 Virginia Ave NW, Suite 1000

CITY/ST/ZIP: Washington, DC 20037

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: BEPIE LEGRAND
TITLE: DIRECTOR
ADDRESS: PO BOX 12109
CITY/ST/ZIP/CO: COLUMBIA, SC 29211

OFFICER DIRECTOR

NAME: Patrice Frey
TITLE: PRESIDENT
ADDRESS: 2600 Virginia Ave NW, Suite 1000
CITY/ST/ZIP/CO: washington, DC, DC 20037

OFFICER DIRECTOR

NAME: Barbara Sidway
TITLE: DIRECTOR
ADDRESS: 2600 Virginia Ave NW, Suite 1000
CITY/ST/ZIP/CO: Washington, DC 20037

OFFICER DIRECTOR

NAME: Sam Dixon
TITLE: SECRETARY
ADDRESS: 2600 Virginia Ave NW, Suite 1000
CITY/ST/ZIP/CO: Washington, DC 20037

OFFICER DIRECTOR

NAME: Irvin Henderson
TITLE: DIRECTOR
ADDRESS: 2600 Virginia Ave NW, Suite 1000
CITY/ST/ZIP/CO: Washington, DC 20037

OFFICER DIRECTOR

NAME: Mary Thompson
TITLE: DIRECTOR
ADDRESS: 2600 Virginia Ave NW, Suite 1000
CITY/ST/ZIP/CO: Washington, DC 20037

OFFICER DIRECTOR

NAME: Joe Grills TITLE: DIRECTOR ADDRESS: 2600 Virginia Ave NW, Suite 1000 CITY/ST/ZIP/CO: Washington, DC 20037	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Brown TITLE: DIRECTOR ADDRESS: 2600 Virginia Ave NW, Suite 1000 CITY/ST/ZIP/CO: Washington, DC 20037	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Darryl Young TITLE: DIRECTOR ADDRESS: 2600 Virginia Ave NW, Suite 1000 CITY/ST/ZIP/CO: Washington, DC 20037	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Carolyn Dellutri TITLE: ASST SECRETARY ADDRESS: 2600 Virginia Ave NW, Suite 1000 CITY/ST/ZIP/CO: Washington, DC 20037	<input checked="" type="checkbox"/> OFFICER <input 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/ Patrice Frey	Patrice Frey, PRESIDENT	6/13/2014
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.		