

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21216.4973--10/23/2012

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212164973

1. CORPORATION NAME:
 HAMMOND FOUNDATION, THE VERLE AND ELEANOR

DUE DATE: 12/31/12

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
 VERLE B HAMMOND

SCC ID NO.: 0589051-2

46169 WESTLAKE DRIVE
 SUITE 250
 POTOMAC FALLS, VA 20165

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 153-LOUDOUN COUNTY

5. STOCK INFORMATION

CLASS	AUTHORIZED

4. STATE OR COUNTRY OF INCORPORATION:
 VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 46169 WESTLAKE DRIVE STE 250	ADDRESS:
CITY/ST/ZIP POTOMAC FALLS, VA 20165	CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: PAMELA R HOLMES	NAME:
TITLE: SEC/TREAS	TITLE:
ADDRESS: 44245 COBHAM STATION	ADDRESS:
CITY/ST/ZIP: ASHBURN, VA 20147	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Veronice Williams
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Veronice H Williams Executive Director 10/19/12
 PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: VERLE B HAMMOND TITLE: CHAIRMAN ADDRESS: 8324 WOODLEA MILL RD CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: VERONNE H WILLIAMS TITLE: CO-VICE CHAIR ADDRESS: 20669 CARNWOOD CT CITY/ST/ZIP: STERLING, VA 20165</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ELEANOR D HAMMOND TITLE: DIRECTOR ADDRESS: 8324 WOODLEA MILL RD CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: <i>Co-Vice Chair</i> ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>