

1.) CORPORATION NAME: DECISION ANALYSIS CORPORATION OF VIRGINIA 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KENNETH L. KINCEL 8009 SNOWPINE WAY MCLEAN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 7/31/2013 SCC ID NO: 02075331 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8009 SNOWPINE WAY STE 100 CITY/ST/ZIP: MCLEAN, VA 22102	
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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: KENNETH L KINCEL TITLE: PRESIDENT ADDRESS: 8009 SNOWPINE WY CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: SHARON W KINCEL TITLE: T/S ADDRESS: 8009 SNOWPINE WY CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" 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/ SHARON W KINCEL	SHARON W KINCEL, T/S	7/26/2013
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.