

1.) CORPORATION NAME:

**STRATEGIC ANALYSIS, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **02869683**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	400
COMBNV	99,600

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4075 WILSON BLVD  
STE 200

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:	LINDSAY SAMORA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	985 SPACE CENTER DRIVE		
CITY/ST/ZIP/CO:	STE 190 COLORADO SPRINGS, CO 80915		

NAME:	DIANE M SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/GC		
ADDRESS:	4075 WILSON BLVD STE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	MICHAEL SAMORA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4075 WILSON BLVD STE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	BRADFORD L SMITH JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4075 WILSON BLVE STE 200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	KATHLEEN L HARGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	888 NORTH QUINCY ST #1912		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	PATRICK HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2013 SOUTH LYNN STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		

NAME:	EDWARD M HUNIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4933 BARCHESTER ROAD		
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48302		

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/ LINDSAY SAMORA	LINDSAY SAMORA, PRESIDENT	4/4/2014
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.