

1.) CORPORATION NAME:

COMPUTER STRATEGIES, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FRANCES B CRAIG
COMPUTER STRATEGIES INC
45240 BUSINESS COURT SUITE 300**

SCC ID NO: **03188828**

STERLING, VA 20166

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 45240 BUSINESS COURT
SUITE 300

CITY/ST/ZIP: STERLING, VA 20166

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:	FRANCES B. CRAIG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	19857 BETHPAGE COURT		
CITY/ST/ZIP/CO:	ASHBURN, VA 20147		

NAME:	CHRISTOPHER CRAIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	43685 RED HOUSE DRIVE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME:	KENNETH HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	632 MEADE DRIVE SW		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME:	CAROLE TROIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4304 MARQUIS PLACE		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	JACK HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1378 CARPERS FARM WAY		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		

NAME:	JACK KERRIGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1214 TROTTING HORSE LN		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK MAYWORM DIRECTOR 1874 VIRGINIA AVENUE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MORRIS PANNER DIRECTOR 4701 WILLARD AVENUE SUITE 436 CHEVY CHASE, MD 20815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donna Kilbourn Sr VP 5844 New England Woods Drive Burke, VA 22015	<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/ FRANCES B. CRAIG	FRANCES B. CRAIG, CEO	3/4/2013	
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.			