

1.) CORPORATION NAME:

NATIONAL MILITARY INTELLIGENCE ASSOCIATION, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FORREST R FRANK
4639 LAMBERT DR
ALEXANDRIA, VA 22311**

SCC ID NO: **03230935**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4639 Lambert Drive

CITY/ST/ZIP: Alexandria, VA 22311

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: JOE KEEFE TITLE: PRESIDENT ADDRESS: 11223 ROBERT CARTER ROAD CITY/ST/ZIP/CO: FAIRFAX STATION,, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTONIO DELGATO TITLE: VICE PRESIDENT ADDRESS: 10521 MEREWORTH LANE CITY/ST/ZIP/CO: OAKTON, VA 22124-1760	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FORREST R FRANK TITLE: S/T ADDRESS: 4639 Lambert Drive CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES WILLIAMS TITLE: CHAIRMAN ADDRESS: 8928 MAURICE LANE CITY/ST/ZIP/CO: ANNANDALE, VA 22003	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS BREWER TITLE: DIRECTOR ADDRESS: TAD PGS CITY/ST/ZIP/CO: 1001 3RD AVE WEST BRADENTON, FL 34205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CALLAND CARNES TITLE: DIRECTOR ADDRESS: 11078 SAFFOLD WAY CITY/ST/ZIP/CO: RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HALE DIRECTOR 8416 SWEET PINE COURT SPRINGFIELD, VA 22153-1823	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HALPIN DIRECTOR 12011 SUNSET HILLS RD RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY MCDONOUGH DIRECTOR 99 CANAL CENTER PLAZA SUITE 420 ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON MCINTOSH DIRECTOR SURVIAC-BOOZ ALLEN HAMILTON 1900 FOUNDERS DRIVE #304 DAYTON, OH 45420	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SPRACHER DIRECTOR 8526 OAK POINTE WAY FAIRFAX, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Lovingood TREASURER 5908 Big Treet Ct Elkridge, MD 20715	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Arnold DIRECTOR 4805 Tabard Place Annandale, VA 22003-4502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Chioda DIRECTOR 8558 Yoder St Manassas, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Deptula DIRECTOR 3476 Lloyd Hill Ct Oakton, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jane Flowers DIRECTOR 1943 Shiver Drive Alexandria, VA 22307-1631	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles "Joe" Green DIRECTOR 11955 Freedom Drive Reston, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Michael Grebb TITLE: DIRECTOR ADDRESS: 5416 North 31st Street CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Gerald York TITLE: DIRECTOR ADDRESS: 4005 Belle Rive Terrace CITY/ST/ZIP/CO: Alexandria, VA 22309	<input 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/ FORREST R FRANK	FORREST R FRANK, S/T	6/4/2012
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.