

1.) CORPORATION NAME:

**THE LOGICAL LANGUAGE GROUP, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**ROBERT J. LE CHEVALIER**

**2904 BEAU LANE**

**FAIRFAX, VA 22031**

SCC ID NO: **03297199**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2904 BEAU LN

CITY/ST/ZIP: FAIRFAX, VA 22031-

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: ROBERT LECHEVALIER  
TITLE: PRESIDENT  
ADDRESS: 2904 BEAU LN  
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: VEIJO VILVA  
TITLE: VICE PRESIDENT  
ADDRESS: KAIVOKATU 28 C 12  
CITY/ST/ZIP/CO: 06100 PORVOO,,,FINLAND  
, -,

OFFICER

DIRECTOR

NAME: ROBIN POWELL  
TITLE: SEC/TREAS  
ADDRESS: 2694 19TH AVE  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94116-

OFFICER

DIRECTOR

NAME: ARNT RICHARD JOHANSEN  
TITLE: DIRECTOR  
ADDRESS: GREFSENVEIEN 9A  
CITY/ST/ZIP/CO: NO-0482 OSLO,,,NORWAY  
, -,

OFFICER

DIRECTOR

NAME: TIMO PAULSSSEN  
TITLE: DIRECTOR  
ADDRESS: BASLER-TOR-STRAÙE 53  
CITY/ST/ZIP/CO: 76227 KARLSRUHE,,,GERMANY  
, -,

OFFICER

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/ ROBERT LECHEVALIER  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

ROBERT LECHEVALIER,  
PRESIDENT  
PRINTED NAME AND CORPORATE  
TITLE

11/20/2011  
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.