

1.) CORPORATION NAME:

**JAMES MADISON UNIVERSITY RESEARCH AND  
DEVELOPMENTCENTER, INC.**

DUE DATE: **4/30/2013**

SCC ID NO: **03377959**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT ELIASON  
JMU - COLLEGE OF BUSINESS  
421 BLUESTONE DRIVE, MSC 0204**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
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**HARRISONBURG, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: JMU - Research & Development Inc  
421 Bluestone Drive, MSC 0204

CITY/ST/ZIP: HARRISONBURG, VA 22807

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:           | JERRY BENSON  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | MEMBER  |                                  |  |
| ADDRESS:        | JAMES MADISON UNIVERSITY<br>ACADEMIC AFFAIRS MSC 7607<br>HARRISONBURG, VA 22807 |                                  |  |
| CITY/ST/ZIP/CO: |   |                                  |  |

|                 |   |                                  |  |
|-----------------|---|----------------------------------|--|
| NAME:           | G.J. HART   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CHAIRMAN  |                                  |  |
| ADDRESS:        | JAMES MADISON UNIVERSITY<br>421 BLUESTONE DRIVE, MSC 0204<br>HARRISONBURG, VA 22807 |                                  |  |
| CITY/ST/ZIP/CO: |   |                                  |  |

|                 |   |   |                                   |
|-----------------|---|---|-----------------------------------|
| NAME:           | JOHN KNIGHT   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER   |   |                                   |
| ADDRESS:        | JAMES MADISON UNIVERSITY<br>OFFICE OF FINANCE, MSC 5719<br>HARRISONBURG, VA 22807 |   |                                   |
| CITY/ST/ZIP/CO: |   |   |                                   |

|                 |   |                                  |  |
|-----------------|---|----------------------------------|--|
| NAME:           | ROBERT ELIASON  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | MEMBER  |                                  |  |
| ADDRESS:        | JAMES MADISON UNIVERSITY<br>421 BLUESTONE DRIVE, MSC 0204<br>HARRISONBURG, VA 22807 |                                  |  |
| CITY/ST/ZIP/CO: |   |                                  |  |

|                 |   |   |                                   |
|-----------------|---|---|-----------------------------------|
| NAME:           | MARY GOWAN  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY   |   |                                   |
| ADDRESS:        | JAMES MADISON UNIVERSITY<br>421 BLUESTONE DRIVE, MSC 0204<br>HARRISONBURG, VA 22807 |   |                                   |
| CITY/ST/ZIP/CO: |   |   |                                   |

|  |   |           |
|--|---|-----------|
| NAME: COURTNEY BROMLEY<br>TITLE: VICE CHAIRMAN<br>ADDRESS: JAMES MADISON UNIVERSITY<br>COLLEGE OF BUSINESS, MSC 0204<br>CITY/ST/ZIP/CO: HARRISONBURG, VA 22807   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: FRANK MARVIN<br>TITLE: MEMBER<br>ADDRESS: JAMES MADISON UNIVERSITY<br>421 BLUESTONE DRIVE, MSC 0204<br>CITY/ST/ZIP/CO: HARRISONBURG, VA 22807  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: NANCY NICHOLS<br>TITLE: MEMBER<br>ADDRESS: JAMES MADISON UNIVERSITY<br>421 BLUESTONE DRIVE, MSC0204<br>CITY/ST/ZIP/CO: HARRISONBURG, VA 22807  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |
| NAME: JOHN CARR<br>TITLE: MEMBER<br>ADDRESS: JAMES MADISON UNIVERSITY<br>421 BLUESTONE DRIVE, MSC 0204<br>CITY/ST/ZIP/CO: HARRISONBURG, VA 22807   | <input type="checkbox"/> OFFICER <input checked="" 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/ ROBERT ELIASON   | ROBERT ELIASON, MEMBER  | 6/24/2013 |
| 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. |   |           |