

1.) CORPORATION NAME:

COMPUTING TECHNOLOGIES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

DUE DATE: **4/30/2012**

SCC ID NO: **03917861**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3028 JAVIER ROAD
SUITE 400

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MANUEL SOSA JR	
TITLE:	PRESIDENT	
ADDRESS:	511 HARBOR DRIVE	
CITY/ST/ZIP/CO:	BELLEAIR BEACH, FL 33786-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT KIAH	
TITLE:	VICE PRESIDENT	
ADDRESS:	15809 WENDY CT	
CITY/ST/ZIP/CO:	DUMFRIES, VA 22026-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID TURNBULL	
TITLE:	VICE PRESIDENT	
ADDRESS:	13631 CHESTNUT RIDGE CT	
CITY/ST/ZIP/CO:	HAYMARKET, VA 20169-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANN MARIE GILLIKIN	
TITLE:	TREASURER	
ADDRESS:	9511 EVERGREEN CIRCLE	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22407-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY POLSTON SOSA	
TITLE:	SECRETARY	
ADDRESS:	6040 HEATHWICK CT	
CITY/ST/ZIP/CO:	BURKE, VA 22015-	

NAME: ROBERT S WARD TITLE: VICE PRESIDENT ADDRESS: 2928 STARMOUNT DR. CITY/ST/ZIP/CO: VALRICO, FL 33596-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH E ROMERO TITLE: VICE PRESIDENT ADDRESS: 18 FIREBERRY BLVD. CITY/ST/ZIP/CO: STAFFORD, VA 22554-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CLAUD CLAY TITLE: VICE PRESIDENT ADDRESS: 5901 SKYLINE HEIGHTS CT. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILL STARKS TITLE: VICE PRESIDENT ADDRESS: 9407 DANESE LANE CITY/ST/ZIP/CO: HUNTSVILLE, AL 35803-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES F GILL TITLE: VICE PRESIDENT ADDRESS: 16646 IVY LAKE DR. CITY/ST/ZIP/CO: ODESSA, FL 33556-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM J MULLENS TITLE: VICE PRESIDENT ADDRESS: 145 WATEREDGE LN. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406-	<input checked="" 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/ ANN MARIE GILLIKIN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANN MARIE GILLIKIN, TREASURER _____ PRINTED NAME AND CORPORATE TITLE
3/7/2012 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.	