

1.) CORPORATION NAME:

WILSON/BENNETT CAPITAL MANAGEMENT, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
ALICE P. FRAZIER
8270 GREENSBORO DRIVE
SUITE 500**

SCC ID NO: **04193843**

MCLEAN, VA 22102

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	10
COMB	10

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8270 GREENSBORO DRIVE
STE 400

CITY/ST/ZIP: MCLEAN, VA 22102-

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: MARK WENDEL
TITLE: EVP/CFO
ADDRESS: 8270 GREENSBORO DRIVE
STE 500
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: JENNIFER DEACON
TITLE: SVP/CONTROLLER
ADDRESS: 8270 GREENSBORO DR
STE 500
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: BERNARD H CLINEBURG
TITLE: DIRECTOR
ADDRESS: 8270 GREENSBORO DRIVE
SUITE 500
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: ALICE P FRAZIER
TITLE: DIRECTOR
ADDRESS: 8270 GREENSBORO DRIVE
SUITE 500
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F KEVIN REYNOLDS DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER W BERGSTROM DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D RUSSO CHAIRMAN 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J HAMILTON LAMBERT VICE CHAIRMAN 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102-	<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/ JENNIFER DEACON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER DEACON, SVP/CONTROLLER PRINTED NAME AND CORPORATE TITLE	11/28/2011 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.			