

1.) CORPORATION NAME:

**VIRTUAL TECHNOLOGY CORPORATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM**  
**4701 COX RD**  
**GLEN ALLEN, VA 23060**

DUE DATE: **11/30/2010**

SCC ID NO: **04371829**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5510 CHEROKEE AVENUE  
SUITE 350

CITY/ST/ZIP: ALEXANDRIA, VA 22312-

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: ANDREW B ZOGG TITLE: P/CEO ADDRESS: 1001 BOSTON POST ROAD CITY/ST/ZIP/CO: MARLBOROUGH, MA 01752-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW GILLIGAN TITLE: CHAIR/VP/COO ADDRESS: 1001 BOSTON POST RD CITY/ST/ZIP/CO: MARLBOROUGH, MA 01752-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM E WASEL TITLE: VICE PRESIDENT ADDRESS: 1001 BOSTON POST RD CITY/ST/ZIP/CO: MARLBOROUGH, MA 01752-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK W MARCH TITLE: VP-TAXES ADDRESS: 870 WINTER ST CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT J MOORE TITLE: VICE PRESIDENT ADDRESS: 870 WINTER ST CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ROBERT M DELORGE TITLE: TREASURER ADDRESS: 2501 W UNIVERSITY DR CITY/ST/ZIP/CO: MCKINNEY, TX 75071-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DEBBIE S KESSLER TITLE: SECRETARY ADDRESS: 2501 W UNIVERSITY DR CITY/ST/ZIP/CO: MCKINNEY, TX 75071-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BROOKE M BARTLESON TITLE: ASST SECRETARY ADDRESS: 870 WINTER ST CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD A GOGLIA TITLE: ASST TREASURER ADDRESS: 870 WINTER ST CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN J IGLOWSKI TITLE: ASST TREASURER ADDRESS: 870 WINTER ST CITY/ST/ZIP/CO: WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER <input 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/ BROOKE M BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M BARTLESON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
11/24/2010 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.	