

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213529382

1.) CORPORATION NAME:

THE INSIGHT GROUP, INCORPORATED

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP L RUSSO JR
4669 SOUTH BOULEVARD
SUITE 107**

SCC ID NO: **04680526**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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VIRGINIA BEACH, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3313 HIDDEN POINTE COVE

CITY/ST/ZIP: VIRGINIA BEACH, VA 23452

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:	EDWARD W PETROZELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	44 OLD WEST MOUNTIAN ROAD		
CITY/ST/ZIP/CO:	RIDGEFIELD, CT 06877		

NAME:	WILLIAM PUSO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5055 SNOWY RIDGE LN		
CITY/ST/ZIP/CO:	EARLYSVILLE, VA 22936		

NAME:	DENNY SIGLOH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4068 GARTH RD		
CITY/ST/ZIP/CO:	CROZET, VA 22932		

NAME:	JOHN DEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	129 PINWOOD RD		
CITY/ST/ZIP/CO:	VA BEACH, VA 23451		

NAME:	THOMAS V ESPOSITO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3313 HIDDEN POINTE COVE		
CITY/ST/ZIP/CO:	VA BEACH, VA 23452		

NAME:	MICHAEL W BYRNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	39 GREENFIELD DRIVE		
CITY/ST/ZIP/CO:	WESTON, CT 06883		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J POEHNER TREASURER 31 OVERLEIGH ROAD BERNARDSVILLE, NJ 07924	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COSMO P SANTULLO SECRETARY 21 WEST SHORE ROAD SUNAPEE, NH 23464	<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/ THOMAS V ESPOSITO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS V ESPOSITO, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	6/24/2013 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.			