

1.) CORPORATION NAME:

MSI-US

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **5/31/2011**

SCC ID NO: **05031075**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1300 19TH ST, NW
2ND FL

CITY/ST/ZIP: WASHINGTON, DC 20036-

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: DANA SCOTT HOVIG
TITLE: PRESIDENT
ADDRESS: 1 CONWAY ST FITZROY SQ
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: PHILIP D HARVEY
TITLE: VICE PRESIDENT
ADDRESS: 1701 K STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20006-

OFFICER

DIRECTOR

NAME: ALEX K BROWN
TITLE: TREASURER
ADDRESS: 1 CONWAY ST FITZROY SQ
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: MICHAEL ALLEN HOLSCHER
TITLE: CHAIRMAN
ADDRESS: 1 CONWAY ST FITZROY SQ
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: TIMOTHY R.L. BLACK, MD
TITLE: DIRECTOR
ADDRESS: 1 CONWAY ST FITEROY SQ
CITY/ST/ZIP/CO: , -,

OFFICER

DIRECTOR

NAME: MITCHELL WARREN TITLE: DIRECTOR ADDRESS: 423 WEST 127TH STREET 4TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHELE THORBURN TITLE: DIRECTOR ADDRESS: 1701 K STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20006-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NATASHA SAKOLSKY TITLE: DIRECTOR ADDRESS: 1111 19TH STREET NW SUITE 1120 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANDREA FEARNEYHOUGH TITLE: VICE PRESIDENT ADDRESS: 1 CONWAY STREET CITY/ST/ZIP/CO: LONDON, -, UNITED KINGDOM (GREAT BRITAIN)	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEFANIE WALLACH TITLE: VICE PRESIDENT ADDRESS: 1 CONWAY STREET FITZROY SQ CITY/ST/ZIP/CO: LONDON, -, UNITED KINGDOM (GREAT BRITAIN)	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NOMI FUCHS-MONTGOMERY TITLE: SECRETARY ADDRESS: 1300 19TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARIANNE LIEBMANN TITLE: ASST SECRETARY ADDRESS: 1 CONWAY STREET, FITZROY SQ CITY/ST/ZIP/CO: LONDON, -, UNITED KINGDOM (GREAT BRITAIN)	<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.		
<u>/s/ NOMI FUCHS-MONTGOMERY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>NOMI FUCHS-MONTGOMERY, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>4/28/2011</u> 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.		