

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212554045

1.) CORPORATION NAME:

Technology Association of America

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **05308713**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, STE. 600

CITY/ST/ZIP: WASHINGTON, DC 20004

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:	SHAWN OSBORNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:			

NAME:	WILLIAM BLAYLOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:			

NAME:	BENJAMIN J ADERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:			

NAME:	WILLIAM BALLHAUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:			

NAME:	DENNIS STOLKEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS ANDERSON DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE BALLENGEE DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS BRANDT DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON COBURN DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOD COHEN DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN COOKER DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT CRESANTI DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUE DARK DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD DAVIES DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN GARDNER DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA GOODEN DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK HUMPHRIES DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF KATZ DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY MCMILLS DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VALERIE PERLOWITZ DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES PROW DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE SCHINDLER DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND SPENCER DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM TRELEAVEN DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER BONI DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	BOB LAURENCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

NAME:	HANK STEININGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

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/ BENJAMIN J ADERSON	BENJAMIN J ADERSON,	2/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.