

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213560273

1.) CORPORATION NAME:

**Technology Association of America**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05308713**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

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

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

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

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

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

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:	PETER BONI 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:	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:	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:	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:	BOB LAURENCE DIRECTOR 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES PROW TITLE: DIRECTOR ADDRESS: 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE SCHINDLER TITLE: DIRECTOR ADDRESS: 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HANK STEININGER TITLE: DIRECTOR ADDRESS: 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JIM TRELEAVEN TITLE: DIRECTOR ADDRESS: 601 PENNSYLVANIA AVE. NW NORTH BUILDING, SUITE 600 WASHINGTON, DC 20004 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Valerie Perlowitz TITLE: DIRECTOR ADDRESS: 601 Pennsylvania Ave NW Suite 600 Washington, DC 20004 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Lanny Cohen TITLE: DIRECTOR ADDRESS: 601 Pennsylvania Ave NW Suite 600 Washington, DC 20004 CITY/ST/ZIP/CO:	<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/ BENJAMIN J ADERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BENJAMIN J ADERSON, SECRETARY PRINTED NAME AND CORPORATE TITLE
12/20/2013 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.	