

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

**Raytheon Technology Associates, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05340088**

**C T CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11400 COMMERCE PARK DRIVE, STE 650

CITY/ST/ZIP: RESTON, VA 20191

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.

<p>NAME: MATTHEW J. HOLMES TITLE: PRESIDENT ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO: RESTON, VA 20191</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: EDWARD M. MOHN TITLE: VP AND CFO ADDRESS: 22270 PACIFIC BLVD. CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MARK W. MARCH TITLE: VP - TAXES ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT J. MOORE TITLE: VICE PRESIDENT ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN M. SMITH TITLE: VP AND SEC ADDRESS: 22270 PACIFIC BLVD. CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD A. GOGLIA TITLE: TREASURER ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME:                   STEPHEN J. IGLOWSKI TITLE:                   ASST TREASURER ADDRESS:               870 WINTER STREET CITY/ST/ZIP/CO:       WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   DANA NG TITLE:                   ASST SECRETARY ADDRESS:               870 WINTER STREET CITY/ST/ZIP/CO:       WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   BROOKE M. BARTLESON TITLE:                   ASST SECRETARY ADDRESS:               870 WINTER STREET CITY/ST/ZIP/CO:       WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   HENRY DUDEK TITLE:                   COO ADDRESS:               11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO:       RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   JACK G. HARRINGTON TITLE:                   CEO ADDRESS:               22270 PACIFIC BLVD. CITY/ST/ZIP/CO:       DULLES, VA 20166	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME:                   JOHN T. MARTINEZ TITLE:                   ASST SECRETARY ADDRESS:               22270 PACIFIC BLVD. CITY/ST/ZIP/CO:       DULLES, VA 20166	<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	2/27/2014 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.		