

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211530541

1.) CORPORATION NAME:

**JOINT SERVICES DATA EXCHANGE FOR
GUIDANCE, NAVIGATION AND CONTROL, INC.**

DUE DATE: **12/31/2011**

SCC ID NO: **05505417**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
NORTHWEST REGISTERED AGENT LLC
4445 CORPORATION LANE STE 264
VIRGINIA BEACH, VA 23462**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4445 CORPORATION LANE STE 264

CITY/ST/ZIP: VA BCH, VA 23462-

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:	JOHN DEL COLLIANO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1903 HAMLET PLACE		
CITY/ST/ZIP/CO:	NORTH BEL AIR, MD 21015-		

NAME:	JAN ANSZPERGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	144 HIGH ST		
CITY/ST/ZIP/CO:	MEDFIELD, MA 02052-		

NAME:	BILL BOLLWERK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5580 PIEDRA VISTA		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80908-		

NAME:	PAUL OLSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	304 TIMBERLINE PLACE		
CITY/ST/ZIP/CO:	BRICK, NJ 08723-		

NAME:	RON BEARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13385 MARIE DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-4723		

NAME: GREG GRAHAM TITLE: DIRECTOR ADDRESS: 7971 CO. RD. 27 CITY/ST/ZIP/CO: SYLVANIA, AL 35988-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GREG KOHLS TITLE: DIRECTOR ADDRESS: 600 PRINCEWOOD AVE CITY/ST/ZIP/CO: DAYTON, OH 45429-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JALAL MAPAR TITLE: DIRECTOR ADDRESS: 2199 GREENKEEPERS CT CITY/ST/ZIP/CO: RESTON, VA 20191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: NEERAJ PUJARA TITLE: DIRECTOR ADDRESS: 2792 ASH RIDGE DRIVE CITY/ST/ZIP/CO: BEAVER CREEK, OH 45434-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GREG KOHLS TITLE: DIRECTOR ADDRESS: 600 PRINCEWOOD AVE CITY/ST/ZIP/CO: DAYTON, OH 45429-5620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES DOHERTY TITLE: DIRECTOR ADDRESS: 2400 TWIN VALLEY LANE CITY/ST/ZIP/CO: SILVER SPRING, MD 20906-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JAN ANSZPERGER	JAN ANSZPERGER, TREASURER	12/28/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.