

1.) CORPORATION NAME:

**Information Technology Information Sharing and Analysis
Center, Inc.**

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

SCC ID NO: **05511365**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SCOTT ALGEIER
13825 TARLETON CT
GAINESVILLE, VA 20155**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13825 TARLETON CT

CITY/ST/ZIP: GAINESVILLE, VA 20155

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:	MARY-ANN DAVIDSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 ORACLE PKWY		
CITY/ST/ZIP/CO:	MS 20P5 REDWOOD SHORES, CA 94065		

NAME:	BRIAN WILLIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2478 SE Clover Court		
CITY/ST/ZIP/CO:	Hilsboro, OR 87123		

NAME:	ERIK WINEBRENNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6200 Twenty Year Chase		
CITY/ST/ZIP/CO:	Columbia, MD 20145		

NAME:	Jim O'Conner	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO Box 9300		
CITY/ST/ZIP/CO:	Minneapolis, MN 55440-9300		

NAME:	Howard Eland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 Welsh Road		
CITY/ST/ZIP/CO:	Building 3 Suite 105 Horsham, PA 19044		

NAME:	Denise Zheng	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	607 14th Stree		
CITY/ST/ZIP/CO:	Suite 775 Washington, DC 20006		

NAME: Guy Copeland TITLE: DIRECTOR ADDRESS: 3170 Fairview Park Drive CITY/ST/ZIP/CO: Falls Church, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Doug Bruns TITLE: DIRECTOR ADDRESS: 2525 Network Place CITY/ST/ZIP/CO: Herndon, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JC Dodson TITLE: DIRECTOR ADDRESS: 2525 Network Place CITY/ST/ZIP/CO: Herndon, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lucas Moody TITLE: DIRECTOR ADDRESS: 2145 Hamilton Ave. CITY/ST/ZIP/CO: San Jose, CA 95125	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robin Stuart TITLE: DIRECTOR ADDRESS: 2145 Hamilton Ave. CITY/ST/ZIP/CO: San Jose, CA 95125	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Scott Algeier TITLE: Exec. Director ADDRESS: 13825 Tarleton Court CITY/ST/ZIP/CO: Gainesville, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Rader TITLE: DIRECTOR ADDRESS: 12061 Bluemont Way CITY/ST/ZIP/CO: Reston, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Logan Browne TITLE: DIRECTOR ADDRESS: 8000 Foothills Blvd. CITY/ST/ZIP/CO: Mail Stop 5625 Roseville, CA 95635	<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.		
<u>/s/ Scott Algeier</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>Scott Algeier, Exec. Director</u> PRINTED NAME AND CORPORATE TITLE	<u>12/17/2012</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.		