

1.) CORPORATION NAME:

Organization for Autism Research, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JAMES M SACK

8270 GREENSBORO DR STE 810

MCLEAN, VA 22102

SCC ID NO: **05690615**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 N 14TH ST STE 710

CITY/ST/ZIP: ARLINGTON, VA 22201-

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: JAMES M SACK
TITLE: CHAIRMAN
ADDRESS: 8270 GREENSBORO DR STE 810
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

OFFICER DIRECTOR

NAME: MICHAEL V MALONEY
TITLE: SECRETARY
ADDRESS: 2000 N 14TH ST STE 710
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER DIRECTOR

NAME: WILLIAM DONLON
TITLE: DIRECTOR
ADDRESS: 21 GRAPE STREET
CITY/ST/ZIP/CO: HICKSVILLE, NY 11801-

OFFICER DIRECTOR

NAME: ANTHONY FERRERA
TITLE: DIRECTOR
ADDRESS: 512 HOAGLAND CT.
CITY/ST/ZIP/CO: HILLSBOROUGH, NJ 08844-

OFFICER DIRECTOR

NAME: PETER GERHARDT ED. D
TITLE: DIRECTOR
ADDRESS: 11 PINE ST #260
CITY/ST/ZIP/CO: MONTCLAIR, NJ 07042-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA HUSSMAN DIRECTOR 10215 TARPLEY COURT ELLCOTT CITY, MD 21402-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD SCHWALLIE DIRECTOR 1514 WISHING WELL LANE MANASQUAN, NJ 08736-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY SMITH TREASURER 7725 PORTERS HILL LANE LORTON, VA 22079-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI LAPIN JONES DIRECTOR 27 SHADOW LANE GREAT NECK, NY 11021-	<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/ JAMES M SACK	JAMES M SACK, CHAIRMAN	1/16/2012
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.