

1.) CORPORATION NAME:

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

**Organization for Autism Research, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05690615**

**JAMES M SACK  
SACK HARRIS & MARTIN  
8270 GREENSBORO DR STE 810  
  
MCLEAN, VA 22102**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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:	MICHAEL V MALONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2000 N 14TH ST STE 710		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	GREGORY SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7725 PORTERS HILL LANE		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	JAMES M SACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8270 GREENSBORO DR STE 810		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	WILLIAM DONLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 GRAPE STREET		
CITY/ST/ZIP/CO:	HICKSVILLE, NY 11801		
NAME:	ANTHONY FERRERA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	512 HOAGLAND CT.		
CITY/ST/ZIP/CO:	HILLSBOROUGH, NJ 08844		
NAME:	PETER GERHARDT ED. D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 PINE ST #260		
CITY/ST/ZIP/CO:	MONTCLAIR, NJ 07042		

NAME: LISA HUSSMAN TITLE: DIRECTOR ADDRESS: 10215 TARPLEY COURT CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: LORI LAPIN JONES TITLE: VICE CHAIRMAN ADDRESS: 27 SHADOW LANE CITY/ST/ZIP/CO: GREAT NECK, NY 11021	<input checked="" 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/ MICHAEL V MALONEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL V MALONEY, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/27/2012 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.