

1.) CORPORATION NAME:

**OBERON ASSOCIATES, INC.**

DUE DATE: **1/31/2011**

SCC ID NO: **05702436**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9700 CAPITAL COURT  
STE 301

CITY/ST/ZIP: MANASSAS, VA 20110-

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:	CHRISTINA F MARCHIONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		
NAME:	CHRISTINA F MARCHIONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		
NAME:	JAMES B PEAKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SENIOR VICE PRE		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		
NAME:	SCOTT PFOST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		
NAME:	DONNA RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SENIOR VICE PRE		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033-		

OFFICER                       DIRECTOR

NAME:                      GEORGE SCHINDLER  
TITLE:                      PRESIDENT  
ADDRESS:                      12601 FIAR LAKES CIRCLE  
CITY/ST/ZIP/CO:                      FAIRFAX, VA 22033-

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/ CHRISTINA F MARCHIONE</u>	<u>CHRISTINA F MARCHIONE,</u>	<u>12/13/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> 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.