

1.) CORPORATION NAME: BOGART ASSOCIATES INC. OF NORTHERN VIRGINIA 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID E ZERBEE 4820 MARY MEAD DR STE 200 FAIRFAX, VA 22030 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 5/31/2012 SCC ID NO: 05964523 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000,000
CLASS	AUTHORIZED				
COMMON	10,000,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1593 SPRING HILL ROAD STE 710 CITY/ST/ZIP: VIENNA, VA 22182

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: DONNA J BOGART TITLE: PRES/CEO ADDRESS: 1840 ELGIN DR CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID E ZERBEE TITLE: SECRETARY ADDRESS: 4820 MARYMEAD DR CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: BRIAN J BOGART TITLE: CFO ADDRESS: 1840 ELGIN DR CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" 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/ DONNA J BOGART	DONNA J BOGART, PRES/CEO	4/11/2012
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.