

1.) CORPORATION NAME: Insight PreProfessional Program	DUE DATE: 5/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KAREN WALKING-EAGLE 9904 COMMONWEALTH BLVD FAIRFAX, VA	SCC ID NO: 06178644
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9904 COMMONWEALTH BLVD CITY/ST/ZIP: FAIRFAX, VA 22032	
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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: KAREN WALKING-EAGLE TITLE: P/EXEC DIRECTOR ADDRESS: 9904 COMMONWEALTH BLVD CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SPIKE BIGHORN TITLE: VICE PRESIDENT ADDRESS: 1849 C STREET N.W. CITY/ST/ZIP/CO: MS-4513-MIB WASHINGTON, DC 20240	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DR BEVERLY PRINGLE TITLE: TREASURER ADDRESS: 232 11TH ST NE CITY/ST/ZIP/CO: WASHINGTON, DC 20002	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LESLIE ANDERSON TITLE: SECRETARY ADDRESS: 1438 SPRING VALE AVENUE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<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/ KAREN WALKING-EAGLE	KAREN WALKING-EAGLE, P/EXEC DIRECTOR	5/19/2015
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.