

1.) CORPORATION NAME:

AVECTRA Users Group

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN B CONNER
4301 WILSON BLVD
ARLINGTON, VA**

SCC ID NO: **06221139**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4301 WILSON BLVD

CITY/ST/ZIP: ARLINGTON, VA 22203

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW FORREST	
TITLE:	PRESIDENT	
ADDRESS:	4301 WILSON BLVD	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN CROCKER	
TITLE:	VICE PRESIDENT	
ADDRESS:	1421 RESEARCH PARK DR	
CITY/ST/ZIP/CO:	LAWRENCE, KS 66049	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GRANT DENTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	155 N. Wacker Dr.	
CITY/ST/ZIP/CO:	Chicago, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISA STEFANOFF	
TITLE:	VICE PRESIDENT	
ADDRESS:	136 MADISON AV, 12TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10016	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES SZMASZEK	
TITLE:	VICE PRESIDENT	
ADDRESS:	1570 BOSTON POST RD	
CITY/ST/ZIP/CO:	GUILFORD, CT 06437	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MADELYN ROCHE	
TITLE:	TREASURER	
ADDRESS:	2010 Massachusetts Ave NW	
CITY/ST/ZIP/CO:	Washington, DC 20036	

NAME: JOHN B CONNER TITLE: CEO ADDRESS: 4301 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY LESLIE TITLE: SECRETARY ADDRESS: 2900 HIGHWOODS BLVD CITY/ST/ZIP/CO: RALEIGH, NC 27604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Miriam Ntsomi TITLE: Membership ADDRESS: 1201 New York Avenue, NW, Suite 1120 CITY/ST/ZIP/CO: Washington, DC 20005	<input checked="" type="checkbox"/> OFFICER	<input 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/ JOHN B CONNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN B CONNER, CEO PRINTED NAME AND CORPORATE TITLE	6/19/2013 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.		