

1.) CORPORATION NAME:

AVECTRA Users Group

DUE DATE: **8/31/2014**

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN B CONNER CEO 4301 WILSON BLVD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY LESLIE SECRETARY 2900 HIGHWOODS BLVD RALEIGH, NC 27604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIRIAM NTSOMI MEMBERSHIP 1201 NEW YORK AVENUE, NW, SUITE 1120 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/ MATTHEW FORREST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW FORREST, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/7/2014 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.			