

1.) CORPORATION NAME:

**Management Association For Private  
Photogrammetric Surveyors**

DUE DATE: **2/28/2011**

SCC ID NO: **06533384**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
JOHN M PALATIELLO  
1856 OLD RESTON AVE  
SUITE 205**

**RESTON, VA 20190**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1856 OLD RESTON AVE  
STE 205

CITY/ST/ZIP: RESTON, VA 20190-

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: SCOTT PERKINS  
TITLE: OFFICER  
ADDRESS: 9401 REEDS RD  
CITY/ST/ZIP/CO: OVERLAND PARK, KS 66207-

OFFICER  DIRECTOR

NAME: JOHN M PALATIELLO  
TITLE: DIRECTOR  
ADDRESS: 1856 OLD RESTON AVE  
SUITE 205  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER  DIRECTOR

NAME: DICK MCDONALD  
TITLE: PRESIDENT  
ADDRESS: 10 EMERSON LANE  
SUITE 808  
CITY/ST/ZIP/CO: BRIDGEVILLE, PA 15017-

OFFICER  DIRECTOR

NAME: ROBERT HICKEY  
TITLE: PRESIDENT-ELECT  
ADDRESS: 104 SOUTH CHURCH ST  
CITY/ST/ZIP/CO: WEST CHESTER, PA 19382-

OFFICER  DIRECTOR

NAME: MARK SAFRAN TITLE: TREASURER ADDRESS: 124 GAITHER DR CITY/ST/ZIP/CO: MT. LAUREL, NJ 18901-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TIM STAGG TITLE: SECRETARY ADDRESS: 8454 COLONY CIRCLE CITY/ST/ZIP/CO: EASTON, MD 21601-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ERIC ANDELIN TITLE: DIRECTOR ADDRESS: 310 EAST I-30, SUITE 100 CITY/ST/ZIP/CO: GARLAND, TX 75043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CLAIRE KIEDROWSKI TITLE: DIRECTOR ADDRESS: 6 STATE STREET SUITE 301 CITY/ST/ZIP/CO: BANGOR, ME 04401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES PAGE TITLE: DIRECTOR ADDRESS: 136 CENTER STREET CITY/ST/ZIP/CO: OLD TOWN, ME 04468-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MIKE TULLY TITLE: DIRECTOR ADDRESS: 6315 CHANCELLOR DRIVE CITY/ST/ZIP/CO: CEDAR FALLS, IA 50613-	<input 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.		
<u>/s/ JOHN M PALATIELLO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN M PALATIELLO, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>6/29/2011</u> 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.		