

1.) CORPORATION NAME:

Management Association For Private Photogrammetric Surveyors

DUE DATE: **2/29/2012**

SCC ID NO: **06533384**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RESTON, VA 20190

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: TIM STAGG
TITLE: SECRETARY
ADDRESS: 8454 COLONY CIRCLE
CITY/ST/ZIP/CO: EASTON, MD 21601-

OFFICER

DIRECTOR

NAME: MARK SAFRAN
TITLE: TREASURER
ADDRESS: 124 GAITHER DR
CITY/ST/ZIP/CO: MT. LAUREL, NJ 18901-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC ANDELIN DIRECTOR 310 EAST I-30, SUITE 100 GARLAND, TX 75043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIRE KIEDROWSKI DIRECTOR 6 STATE STREET SUITE 301 BANGOR, ME 04401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M PALATIELLO DIRECTOR 1856 OLD RESTON AVE SUITE 205 RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE TULLY DIRECTOR 6315 CHANCELLOR DRIVE CEDAR FALLS, IA 50613-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT PERKINS DIRECTOR 1310 PAPIN STREET STE 101 ST. LOUIS, MO 63103-	<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.			
/s/ DICK MCDONALD	DICK MCDONALD, PRESIDENT	2/22/2012	
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.			