

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212525027

1.) CORPORATION NAME:

Electronic Signature and Records Association, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **06602270**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 96503
PMB # 33850

CITY/ST/ZIP: WASHINGTON, DC 20090-6503

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:	BILL BRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8226 DOUGLAS AVE		
	STE 625		
CITY/ST/ZIP/CO:	DALLAS, TX 75225-5968		

NAME:	STEPHEN BISBEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	351 WEST CAMDEN ST		
	STE 800		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21201		

NAME:	KEN MOYLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1301 SECOND AVE		
	STE 2000		
CITY/ST/ZIP/CO:	SEATTLE, WA 98101		

NAME:	DAVID BRINKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	220 E. CENTRAL PARKWAY		
	STE 3000		
CITY/ST/ZIP/CO:	ALTAMONT SPRINGS, FL 32701		

NAME:	JERRY BUCKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1250 24TH STREET NW		
	STE 700		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERAN ALONI DIRECTOR 345 PARK AVE SAN JOSE, CA 95110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LAURIE DIRECTOR 8200 DECARIE MONTREAL, QC H4P 2P5, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA LEAMAN SECRETARY 1902 CAMPUS COMMONS DRIVE STE 120 RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LEVY DIRECTOR 330 DALZIEL ROAD LINDEN, NJ 07036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OLIVIA SETHNEY DIRECTOR 601 ROVERSIDE AVE JACKSONVILLE, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGOT TANK DIRECTOR 1250 24TH STREET NW WASHINGTON, DC 20037	<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/ BILL BRICE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BILL BRICE, TREASURER PRINTED NAME AND CORPORATE TITLE	7/2/2012 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.			