

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212501427

1.) CORPORATION NAME:

Allied Associates International, Inc.

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

SCC ID NO: **06896708**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
PERRY C CASTO JR
3454 INDIAN RUN RD
AMISSVILLE, VA 20106**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CULPEPER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6801 KENNEDY ROAD
STE 302

CITY/ST/ZIP: WARRENTON, VA 20187-

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	PERRY C CASTO JR			
TITLE:	P/CEO			
ADDRESS:	3454 INDIAN RUN RD			
CITY/ST/ZIP/CO:	AMISSVILLE, VA 20106-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	AARON W WINTERS			
TITLE:	VICE PRESIDENT			
ADDRESS:	255 FOX CHASE ST			
CITY/ST/ZIP/CO:	WARRENTON, VA 20186-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CLIFFORD E MCLAIN			
TITLE:	DIRECTOR			
ADDRESS:	7816 MANOR HOUSE DR			
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MICHAEL T MURPHY			
TITLE:	DIRECTOR			
ADDRESS:	43457 LAIDLOW STREET			
CITY/ST/ZIP/CO:	CHANTILLY, VA 20152-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAMES S ROOP			
TITLE:	TREASURER			
ADDRESS:	13070 INVERGORDON ST			
CITY/ST/ZIP/CO:	BRISTOW, VA 20136-			

NAME: MAUREEN A BAGINSKI TITLE: DIRECTOR ADDRESS: 14819 PEACH TREE LANE CITY/ST/ZIP/CO: KING GEORGE, VA 22485-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: THOMAS W RABAUT TITLE: DIRECTOR ADDRESS: 10604 DOGWOOD FARM LANE CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<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/ PERRY C CASTO JR _____	PERRY C CASTO JR, P/CEO _____	1/3/2012 _____
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.