

1.) CORPORATION NAME: Learning Analysis Research Corporation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICK SHANE GALLAGHER 10117 SCHOOLHOUSE WOODS CT BURKE, VA	DUE DATE: 7/31/2013 SCC ID NO: 07397706 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10117 SCHOOLHOUSE WOODS CT CITY/ST/ZIP: BURKE, VA 22015
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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: PATRICK SHANE GALLAGHER TITLE: PRESIDENT ADDRESS: 10117 SCHOOLHOUSE WOODS CT CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: PATRICK SHANE GALLAGHER TITLE: DIRECTOR ADDRESS: 10117 SCHOOLHOUSE WOODS CT CITY/ST/ZIP/CO: BURKE, VA 22015	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM VAUGHAN KELLY TITLE: DIRECTOR ADDRESS: 1804 CRANBERRY LANE CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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/ PATRICK SHANE GALLAGHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICK SHANE GALLAGHER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/29/2013 DATE
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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.