

1.) CORPORATION NAME: <b>ANALYTIC SERVICES INC.</b>	DUE DATE: <b>11/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F0138596</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5275 LEESBURG PIKE  
SUITE N-5000

CITY/ST/ZIP: FALLS CHURCH, VA 22041

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: RUTH A DAVID	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: P/CEO				
ADDRESS: 11500 ROBERT STEPHENS DRIVE				
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039				

NAME: PHILIP ANDERSON	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SR VP/DIR HSSAI				
ADDRESS: 705 GRAND VIEW DRIVE				
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22305				

NAME: THOMAS J BENJAMIN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SR VP/ANSER COO				
ADDRESS: 1088 LORAN CT				
CITY/ST/ZIP/CO: GREAT FALLS, VA 22066				

NAME: JOAN ZAORSKI	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SR VP/CFO				
ADDRESS: 11102 BROOKLINE DR				
CITY/ST/ZIP/CO: FAIRFAX, VA 22030				

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/ JOAN ZAORSKI	JOAN ZAORSKI, SR VP/CFO	10/14/2014
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.