

1.) CORPORATION NAME:

TELOS CORPORATION

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

SCC ID NO: **F0252108**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	50,000,000
COMB	5,000,000
PREFER	6,013,500

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 19886 ASHBURN ROAD

CITY/ST/ZIP: ASHBURN, VA 20147-2358

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.

<p>NAME: BRENDAN D MALLOY TITLE: SENIOR VP ADDRESS: 19886 ASHBURN ROAD CITY/ST/ZIP/CO: ASHBURN, VA 20147</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JEFFERSON V WRIGHT TITLE: VICE PRESIDENT ADDRESS: 19886 ASHBURN ROAD CITY/ST/ZIP/CO: ASHBURN, VA 20147</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN B WOOD TITLE: CEO/CHAIRMAN ADDRESS: 19886 ASHBURN ROAD CITY/ST/ZIP/CO: ASHBURN, VA 20147-2358</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHELE NAKAZAWA TITLE: CFO ADDRESS: 19886 ASHBURN ROAD CITY/ST/ZIP/CO: ASHBURN, VA 20147</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: EDWARD L. WILLIAMS TITLE: EVP/COO ADDRESS: 19886 ASHBURN ROAD CITY/ST/ZIP/CO: ASHBURN, VA 20147-2358</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: BERNARD C BAILEY TITLE: DIRECTOR ADDRESS: 8122 AUTUMN GATE LANE CITY/ST/ZIP/CO: BETHESDA, MD 20817</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: DAVID BORLAND TITLE: DIRECTOR ADDRESS: 12113 FORT CRAIG DRIVE CITY/ST/ZIP/CO: LAKE RIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM M DVORANCHIK TITLE: DIRECTOR ADDRESS: 2130 OWLS COVE LANE CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SETH W HAMOT TITLE: DIRECTOR ADDRESS: RRHCM, LLC CITY/ST/ZIP/CO: 222 BERKELEY STREET BOSTON, MA 02116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE R HARRIS TITLE: DIRECTOR ADDRESS: 636 SAWGRASS DRIVE CITY/ST/ZIP/CO: AUGUSTA, GA 30907	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES S MAHAN TITLE: DIRECTOR ADDRESS: 13 GRANDVIEW DRIVE CITY/ST/ZIP/CO: PALM COAST, FL 32137	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN W MALUDA TITLE: DIRECTOR ADDRESS: 612 OLD WELAKA ROAD CITY/ST/ZIP/CO: WELAKA, FL 32193	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J MARINO TITLE: DIRECTOR ADDRESS: 19886 ASHBURN ROAD CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW R SIEGEL TITLE: DIRECTOR ADDRESS: RRH CAPITAL MANAGEMENT CITY/ST/ZIP/CO: 237 PARK AVENUE NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JERRY O TUTTLE TITLE: DIRECTOR ADDRESS: 5875 TRINITY PARKWAY CITY/ST/ZIP/CO: CENTREVILLE, VA 20120	<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/ MICHELE NAKAZAWA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELE NAKAZAWA, CFO PRINTED NAME AND CORPORATE TITLE	5/26/2015 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.		