

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214521975

1.) CORPORATION NAME:

**DATA SYSTEMS ANALYSTS, INC.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0274474**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 2,000,000  |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8 NESHAMINY INTERPLEX  
STE 209

CITY/ST/ZIP: TREVOSSE, PA 19053-6980

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:           | FRAN PIERCE                     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                       |   |  |
| ADDRESS:        | 8 NESHAMINY INTERPLEX           |   |  |
| CITY/ST/ZIP/CO: | SUITE 209<br>TREVOSSE, PA 19053 |   |  |

|                 |                                 |   |  |
|-----------------|---------------------------------|---|--|
| NAME:           | ROGER SALOMON                   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT                  |   |  |
| ADDRESS:        | 8 NESHAMINY INTERPLEX           |   |  |
| CITY/ST/ZIP/CO: | SUITE 209<br>TREVOSSE, PA 19053 |   |  |

|                 |                                 |   |  |
|-----------------|---------------------------------|---|--|
| NAME:           | POWELL ARMS                     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                       |   |  |
| ADDRESS:        | 8 NESHAMINY INTERPLEX           |   |  |
| CITY/ST/ZIP/CO: | SUITE 209<br>TREVOSSE, PA 19053 |   |  |

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/ POWELL ARMS                                     | POWELL ARMS, SECRETARY           | 4/27/2014 |
| 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.