

1.) CORPORATION NAME:

SYSTEMS PLANNING AND ANALYSIS, INC.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RESAGENT INC
3190 FAIRVIEW PARK DR STE 300
FALLS CHURCH, VA**

SCC ID NO: **F0283046**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2001 NORTH BEAUREGARD ST
SUITE 100

CITY/ST/ZIP: ALEXANDRIA, VA 22311

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:	KIRKLAND H DONALD	
TITLE:	PRESIDENT/CEO	
ADDRESS:	2001 N BEAREGARD ST SUITE 100	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JACK W MCCORKLE	
TITLE:	SENIOR VP	
ADDRESS:	2001 NORTH BEAUREGARD ST SUITE 100	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD H WRIGHT	
TITLE:	SENIOR VP	
ADDRESS:	2001 NORTH BEAUREGARD STREET SUITE 100	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CLIVE R BLACKWELL	
TITLE:	SR VP/TREASURER	
ADDRESS:	2001 NORTH BEAUREGARD ST SUITE 100	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHILLIP E LANTZ	
TITLE:	CHAIRMAN	
ADDRESS:	4 WOLFE STREET	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARLA M DENNIS	
TITLE:	SECRETARY	
ADDRESS:	2001 NORTH BEAUREGARD ST	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311	

NAME: RALPH E EBERHART TITLE: DIRECTOR ADDRESS: 3444 ROBERTS LANE CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC W LANTZ TITLE: DIRECTOR ADDRESS: 2001 N BEAUREGARD ST CITY/ST/ZIP/CO: SUITE 100 ALEXANDRIA, VA 22311	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT F WILLARD TITLE: DIRECTOR ADDRESS: 118 MT. PARAN RD NW CITY/ST/ZIP/CO: ATLANTA, GA 30327	<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/ CARLA M DENNIS	CARLA M DENNIS, SECRETARY	6/3/2015
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.		