

1.) CORPORATION NAME:

**PHOTON RESEARCH ASSOCIATES, INC.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0592412**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9985 PACIFIC HEIGHTS BLVD  
SUITE 200

CITY/ST/ZIP: SAN DIEGO, CA 92121

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:	OWEN LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1616 N FORT MYER DR		
CITY/ST/ZIP/CO:	STE 1000 ARLINGTON, VA 22209		

NAME:	W TIMOTHY CAREY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2501 W UNIVERSITY DR		
CITY/ST/ZIP/CO:	MCKINNEY, TX 75071		

NAME:	EDWARD M MOHN, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP and CFO		
ADDRESS:	2000 E EL SEGUNDO BLVD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		

NAME:	MARK W MARCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP - TAXES		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

NAME:	ROBERT J MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

NAME:	BARBARA A POLLACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2000 E EL SEGUNDO BLVD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BROOKE M BARTLESON ASST SECRETARY 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE S FAULKNER ASST SECRETARY 2000 E EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L HUNT ASST SECRETARY 2501 W UNIVERSITY DR MCKINNEY, TX 75071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A GOGLIA TREASURER 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J IGLOWSKI ASST TREASURER 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input 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/ BROOKE MBARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE MBARTLESON, PRINTED NAME AND CORPORATE TITLE	5/31/2012 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.			