

1.) CORPORATION NAME:

**PHOTON RESEARCH ASSOCIATES, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0592412**

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.

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHELLE L TURNER	
TITLE:	VP AND CFO	
ADDRESS:	2000 E EL SEGUNDO BLVD EL SEGUNDO, CA 90245	
CITY/ST/ZIP/CO:		

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD A GOGLIA	
TITLE:	TREASURER	
ADDRESS:	870 WINTER STREET WALTHAM, MA 02451	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN J IGLOWSKI	
TITLE:	ASST TREASURER	
ADDRESS:	870 WINTER STREET WALTHAM, MA 02451	
CITY/ST/ZIP/CO:		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY AZEVEDO CHAIRMAN 2000 E. EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	DANA NG ASST SECRETARY 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA A POLLACK 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:	JOAN PROCOPIO ASST SECRETARY 2000 E. EL SEGUNDO BLVD EL SEGUNDO, CA 90245	<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 M BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M BARTLESON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/29/2014 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.			