

1.) CORPORATION NAME:

ANALYSTS INTERNATIONAL CORPORATION

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1036237**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	24,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7700 FRANCE AVENUE SOUTH
SUITE 200

CITY/ST/ZIP: MINNEAPOLIS, MN 55435

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:	BRITTANY B MCKINNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7700 FRANCE AVENUE SOUTH		
	SUITE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55435		

NAME:	BRIGID A BONNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7700 FRANCE AVENUE SOUTH		
	SUITE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55435		

NAME:	KRZYSZTOF K BURHARDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7700 FRANCE AVENUE SOUTH		
	SUITE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55435		

NAME:	JOSEPH T DUNSMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7700 FRANCE AVENUE SOUTH		
	SUITE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55435		

NAME:	GALEN G JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7700 FRANCE AVENUE SOUTH		
	SUITE 200		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55435		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS C NEVE DIRECTOR 7700 FRANCE AVENUE SOUTH SUITE 200 MINNEAPOLIS, MN 55435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E WOODS DIRECTOR 7700 FRANCE AVENUE SOUTH SUITE 200 MINNEAPOLIS, MN 55435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN L BLAKE TREASURER 7700 FRANCE AVENUE SOUTH SUITE 200 MINNEAPOLIS, MN 55435	<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/ BRITTANY B MCKINNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRITTANY B MCKINNEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/14/2013 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.			