

1.) CORPORATION NAME:

**NATHAN ASSOCIATES INC.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1043217**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	50,000
COMB	50,000
PREFER	5,000

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 WILSON BLVD  
SUITE 1200

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	RULLEL LAMB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR, VP		
ADDRESS:	2101 WILSON BLVD STE 1200 ARLINGTON, VA 22201		
CITY/ST/ZIP/CO:			
NAME:	RUSSELL MANGUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR, VP		
ADDRESS:	2101 WILSON BLVD. SUITE 1200 ARLINGTON, VA 22201		
CITY/ST/ZIP/CO:			
NAME:	JAMES WALLAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR, VP		
ADDRESS:	2101 WILSON BLVD. SUITE 1200 ARLINGTON, VA 22201		
CITY/ST/ZIP/CO:			
NAME:	JOEL REISER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2101 WILSON BLVD STE 1200 ARLINGTON, VA 22201		
CITY/ST/ZIP/CO:			
NAME:	SINGH LAKHBIR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2101 WILSON BLVD STE 1200 ARLINGTON, VA 22201		
CITY/ST/ZIP/CO:			

NAME: DENISE KEARNEY TITLE: SECRETARY ADDRESS: 2101 WILSON BLVD STE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN C BEYER TITLE: CHAIRMAN ADDRESS: 2101 WILSON BLVD. SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD BURTNER TITLE: DIRECTOR ADDRESS: 2101 WILSON BLVD. SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KATHERINE K CLARK TITLE: DIRECTOR ADDRESS: 2101 WILSON BLVD. SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TESSIE MARTIN TITLE: DIRECTOR ADDRESS: 2101 WILSON BLVD. SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VALERIE PERLOWITZ TITLE: DIRECTOR ADDRESS: 2101 WILSON BLVD. SUITE 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<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/ JOEL REISER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOEL REISER, TREASURER PRINTED NAME AND CORPORATE TITLE	12/8/2014 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.		