

1.) CORPORATION NAME:

**Institute for Technological Advancement, Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1180860**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1600 Wilson Blvd  
Ste 1100

CITY/ST/ZIP: Arlington, VA 22209

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: Stephen V. Gold TITLE: PRESIDENT ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RaeAnn S. Johnson TITLE: VP/SEC/GEN COUN ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Carlos M. Cardozo TITLE: DIR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John M. Stropki TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Randall J. Hogan TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Paul W. Jones TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Neal J. Keating TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Donald D. Lane TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Robert A. Livingston TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Helmuth Ludwig TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Denise L. Ramos TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Todd J. Teske TITLE: DIRECTOR ADDRESS: 1600 Wilson Blvd Ste 1100 CITY/ST/ZIP/CO: Arlington, VA 22209	<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/ RaeAnn S. Johnson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RaeAnn S. Johnson, VP/SEC/GEN COUN PRINTED NAME AND CORPORATE TITLE
10/29/2013 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.	