

1.) CORPORATION NAME:

CONCURRENT TECHNOLOGIES CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

DUE DATE: **4/30/2011**

SCC ID NO: **F1251752**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CTC DRIVE

CITY/ST/ZIP: JOHNSTOWN, PA 15904-1935

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:	SHARON L PATERSON		
TITLE:	EXEC ASST/AS		
ADDRESS:	100 CTC DRIVE		
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARGARET DIVIRGILIO		
TITLE:	TREASURER		
ADDRESS:	100 CTC DRIVE		
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD J SHEEHAN JR		
TITLE:	PESIDENT		
ADDRESS:	100 CTC DRIVE		
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT A JOHNSON		
TITLE:	SECRETARY		
ADDRESS:	301 GRANT ST 20TH FLOOR		
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15219-1410		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HOWARD M PICKING, III		
TITLE:	DIRECTOR		
ADDRESS:	100 LONGVIEW LANE		
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15905-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A KATZ VICE PRESIDENT 8530 CORRIDOR ROAD SAVAGE, MD 20763-9504	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL R DEVOS DIRECTOR 861 THERMAL AVENUE JOHNSTOWN, PA 15905-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALBERT L ETHERIDGE DIRECTOR 5048 RIVERMEADOW DRIVE BATON ROUGE, LA 70820-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J EYER DIRECTOR 215 MAIN STREET JOHNSTOWN, PA 15901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E JEANNE GLEASON DIRECTOR 552 ELKNUD LANE JOHNSTOWN, PA 15905-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONWAY B JONES DIRECTOR 6351 LONGCROFT DRIVE OAKLAND, CA 94611-2521	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E PASQUERILLA DIRECTOR PASQUERILLA PLAZA JOHNSTOWN, PA 15907-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F PHILLIPS DIRECTOR 1136 ROUND PEBBLE LANE RESTON, VA 20194-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE W APPLEY VICE PRESIDENT 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD W BALL VICE PRESIDENT 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRANK W COOPER JR	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 CTC DRIVE	
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JERRY R HUDSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 CTC DRIVE	
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL S KNAPP	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 CTC DRIVE	
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FREDERICK J MULKEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 CTC DRIVE	
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID A SCHARIO	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 CTC DRIVE	
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KARL M KUSHNER	
TITLE:	ASST TREASURER	
ADDRESS:	100 CTC DRIVE	
CITY/ST/ZIP/CO:	JOHNSTOWN, PA 15904-1935	

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.

<u>/s/ SHARON L PATERSON</u>	<u>SHARON L PATERSON, EXEC</u>	<u>4/8/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ASST/AS PRINTED NAME AND CORPORATE TITLE	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.