

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212513810

1.) CORPORATION NAME:

CONCURRENT TECHNOLOGIES CORPORATION

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1251752**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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.

NAME: MICHAEL A KATZ
TITLE: VICE PRESIDENT
ADDRESS: 8530 CORRIDOR ROAD
CITY/ST/ZIP/CO: SAVAGE, MD 20763-9504

OFFICER

DIRECTOR

NAME: GEORGE W APPELY
TITLE: VICE PRESIDENT
ADDRESS: 100 CTC DRIVE
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER

DIRECTOR

NAME: FRANK W COOPER JR
TITLE: VICE PRESIDENT
ADDRESS: 100 CTC DRIVE
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER

DIRECTOR

NAME: JERRY R HUDSON
TITLE: VICE PRESIDENT
ADDRESS: 100 CTC DRIVE
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER

DIRECTOR

NAME: MICHAEL S KNAPP
TITLE: VICE PRESIDENT
ADDRESS: 100 CTC DRIVE
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER

DIRECTOR

NAME: FREDERICK J MULKEY
TITLE: VICE PRESIDENT
ADDRESS: 100 CTC DRIVE
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A SCHARIO 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:	ROBERT A JOHNSON SECRETARY 301 GRANT ST 20TH FLOOR PITTSBURGH, PA 15219-1410	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON L PATERSON EXEC ASST/AS 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET DIVIRGILIO TREASURER 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARL M KUSHNER ASST TREASURER 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J SHEEHAN JR PRESIDENT 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<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:	HOWARD M PICKING, III DIRECTOR 100 LONGVIEW LANE JOHNSTOWN, PA 15905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE MOSIER DIRECTOR 308 BRETT TRAIL SOUTH P.O. BOX 35 EDWARDS, CO 81632	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D BAKER ASST TREASURER 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<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/ SHARON L PATERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON L PATERSON, EXEC ASST/AS PRINTED NAME AND CORPORATE TITLE	4/17/2012 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.			