

1.) CORPORATION NAME:

Sytex, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1370222**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 N FREDERICK AVE

CITY/ST/ZIP: GAITHERSBURG, MD 20879

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:	SONDRA L BARBOUR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		
NAME:	SCOTT W MACKAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP / SECRETARY		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		
NAME:	MARTIN T STANISLAV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		
NAME:	CRAIG E WELLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 N FREDERICK AVE		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20879		
NAME:	KENNETH R POSSENRIEDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP / TREASURER		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	RENA H WHITNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6801 ROCKLEDGE DR		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME: KATHY L ALLEN TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARITZA CORDERO TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRISTINA EMENS TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DONALD P MARTIN TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: BLDG 100, RM U4632 KINGS OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GLENN E COLE TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID A HEYWOOD TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DR CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BARBARA LOSCALZO TITLE: ASST SECRETARY ADDRESS: 230 MALL BLVD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406	<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/ DONALD P MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD P MARTIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
2/24/2014 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.	