

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213504556

1.) CORPORATION NAME:

**In-Q-Tel, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1409509**

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: 2107 WILSON BLVD  
11TH FLOOR

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:	CHRISTOPHER DARBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201		

NAME:	BRUCE ADAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/EXEC VP		
ADDRESS:	2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201		

NAME:	STEVE BOWSHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	2107 WILSON BLVD. 11TH FL. ARLINGTON, VA 22201		

NAME:	ROBERT GLEICHAUF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201		

NAME:	ELIZABETH POULOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201		

NAME:	WILLIAM STRECKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT STROTTMAN TREAS/CFO/EVP 2107 WILSON BLVD. 11TH FL. ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL M CROW CHAIRMAN 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES BARKSDALE DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER BARRIS DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES BOYD DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD COX DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JEREMIAH DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANITA JONES DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A.B. KRONGARD DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMI MISCIK DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELISABETH PATE-CORNELL DIRECTOR 2107 WILSON BLVD 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES VEST TITLE: DIRECTOR ADDRESS: 2107 WILSON BLVD 11TH FLOOR CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TED SCHLEIN TITLE: DIRECTOR ADDRESS: 2107 WILSON BLVD CITY/ST/ZIP/CO: 11TH FLOOR ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MATT STROTTMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATT STROTTMAN, TREAS/CFO/EVP PRINTED NAME AND CORPORATE TITLE	1/29/2013 DATE
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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.