

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212543029

1.) CORPORATION NAME:

**Exelis Visual Information Solutions, Inc.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1524315**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4990 PEARL EAST CIR

CITY/ST/ZIP: BOULDER, CO 80301

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: Jacqueline Lampe TITLE: PRESIDENT ADDRESS: 4990 PEARL EAST CIR CITY/ST/ZIP/CO: BOULDER, CO 80301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: James Kelley TITLE: VICE PRESIDENT ADDRESS: 4990 Pearl East Cir CITY/ST/ZIP/CO: Boulder, CO 80301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARIA TZORTZATOS TITLE: ASST TREASURER ADDRESS: 1650 Tysons Blvd, Suite 1700 CITY/ST/ZIP/CO: McLean, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES BROWN TITLE: CONTRLLR/TREAS ADDRESS: 4990 PEARL EAST CIRCLE CITY/ST/ZIP/CO: BOULDER, CO 80301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Lawrie Jordan TITLE: DIRECTOR ADDRESS: 4990 Pearl East Cir CITY/ST/ZIP/CO: Boulder, CO 80301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bruce Wald TITLE: DIRECTOR ADDRESS: 1650 Tysons Blvd, Suite 1700 CITY/ST/ZIP/CO: McLean, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Christopher Young TITLE: DIRECTOR ADDRESS: 400 Initiative Drive PO Box 60488 CITY/ST/ZIP/CO: Rochester, NY 14606-0488	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Cooke TITLE: CHAIRMAN ADDRESS: 400 Initiative Drive PO Box 60488 CITY/ST/ZIP/CO: Rochester, NY 14606-0488	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patricia Faulds TITLE: ASST TREASURER ADDRESS: 400 Initiative Drive PO Box 60488 CITY/ST/ZIP/CO: Rochester, NY 14606-0488	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Janet McGregor TITLE: ASST TREASURER ADDRESS: 1650 Tysons Blvd, Suite 1700 CITY/ST/ZIP/CO: McLean, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Rachel Semanchik TITLE: ASST SECRETARY ADDRESS: 1650 Tysons Blvd, Suite 1700 CITY/ST/ZIP/CO: McLean, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Andrea Quercia TITLE: VP/Secretary ADDRESS: 400 Initiative Drive PO Box 60488 CITY/ST/ZIP/CO: Rochester, NY 14606-0488	<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/ MARIA TZORTZATOS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARIA TZORTZATOS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	11/6/2012 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.		