

1.) CORPORATION NAME:

DUE DATE: **7/30/2010**

**INPUT, INC. (USED IN VA BY: INPUT)**

SCC ID NO: **F1638396**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**NV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11720 PLAZA AMERICA DR STE 1200

CITY/ST/ZIP: RESTON, VA 20190-

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: TIMOTHY P DOWD  
TITLE: PRESIDENT  
ADDRESS: 11720 PLAZA AMERICA DR STE 1200  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: PATRICIA E CUNNINGHAM  
TITLE: SECRETARY  
ADDRESS: 11720 PLAZA AMERICA DR STE 1200  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: PETER A CUNNINGHAM  
TITLE: CHMN OF BD  
ADDRESS: 11720 PLAZA AMERICA DR STE 1200  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: THOMAS L HEWITT  
TITLE: DIRECTOR  
ADDRESS: 11720 PLAZA AMERICA DR STE 1200  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: JOSEPH E LAIRD JR  
TITLE: DIRECTOR  
ADDRESS: 11720 PLAZA AMERICA DR STE 1200  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: MARYANN HIRSCH TITLE: DIRECTOR ADDRESS: 11720 PLAZA AMERICA DR SUITE 1200 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RACHEL PARINELLO TITLE: DIRECTOR ADDRESS: 11720 PLAZA AMERICA DR SUITE 1200 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEVIN D GATES TITLE: TREASURER ADDRESS: 11720 PLAZA AMERICA DR SUITE 1200 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAN YOUNG TITLE: DIRECTOR ADDRESS: 11720 PLAZA AMERICA DR SUITE 1200 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" 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/ KEVIN D GATES	KEVIN D GATES, TREASURER	7/28/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		