

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212502441

1.) CORPORATION NAME:

Vista Applied Technologies Group, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **F1654732**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
PHILLIP A FOX
2231 CRYSTAL DR STE 815
ARLINGTON, VA 22202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1355 COLUMBIA PARK TRAIL

CITY/ST/ZIP: RICHLAND, WA 99352-

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: DOUGLAS M OORD
TITLE: TREASURER
ADDRESS: 1355 COLUMBIA PARK TRAIL
CITY/ST/ZIP/CO: RICHLAND, WA 99352-

OFFICER

DIRECTOR

NAME: PHILLIP A FOX
TITLE: OFFICER
ADDRESS: 2231 CRYSTAL DRIVE
STE 515
CITY/ST/ZIP/CO: ARLINGTON, VA 22202-

OFFICER

DIRECTOR

NAME: PHILLIP C OHL
TITLE: OFFICER
ADDRESS: 1355 COLUMBIA PARK TRAIL
CITY/ST/ZIP/CO: RICHLAND, WA 99352-

OFFICER

DIRECTOR

NAME: JERRY ROSENBLUM
TITLE: OFFICER
ADDRESS: 2475 HANOVER ST
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-1114

OFFICER

DIRECTOR

NAME: JAMES GALLAGHER
TITLE: DIRECTOR
ADDRESS: 1903 EAGLE RIDGE DR
CITY/ST/ZIP/CO: MONROEVILLE, PA 15146-

OFFICER

DIRECTOR

NAME: JOHN B HOLLYER TITLE: DIRECTOR ADDRESS: 45372 CAPPS COURT CITY/ST/ZIP/CO: CALIFORNIA, MD 20619-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSEPH MARESCA JR TITLE: OFFICER ADDRESS: 528 E WEDDELL DR SUITE 1 & 2 CITY/ST/ZIP/CO: SUNNYVALE, CA 94089-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HAROLD GUTHART TITLE: DIRECTOR ADDRESS: 528 E WEDDELL DR SUITES 1 & 2 CITY/ST/ZIP/CO: SUNNYVALE, CA 94089-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ARTHUR H HAUSMAN TITLE: DIRECTOR ADDRESS: 528 E WEDDELL DR SUITES 1 & 2 CITY/ST/ZIP/CO: SUNNYVALE, CA 94089-	<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/ PHILLIP C OHL	PHILLIP C OHL, OFFICER	1/16/2012
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.		