

1.) CORPORATION NAME:

**BNA INTERNATIONAL 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**

SCC ID NO: **F1721846**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1801 S BELL ST

CITY/ST/ZIP: ARLINGTON, VA 22202

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:	ALAN M EDMUNDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1801 S BELL ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	RICHARD K DESCHERER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1801 S BELL ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	GAINA HADLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1801 S BELL ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	PAUL N WOJCIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1801 S BELL ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	PETER T GRAUER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 S BELL ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		
NAME:	MARTIN J GELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1801 S BELL ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH T MAZZEO DIRECTOR 1801 S BELL ST ARLINGTON, VA 22202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C MCCAFFERY CEO 1801 S BELL ST ARLINGTON, VA 22202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GILBERT S LAVINE TREASURER 1801 S BELL ST ARLINGTON, VA 22202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN LOCKHART ASST SECRETARY 1801 S BELL ST ARLINGTON, VA 22202	<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/ GILBERT SLAVINE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GILBERT SLAVINE, PRINTED NAME AND CORPORATE TITLE	8/29/2012 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.			