

1.) CORPORATION NAME:

OMNIAIR CONSORTIUM, INC.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1748823**

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: 8588 RICHMOND HIGHWAY #15252

CITY/ST/ZIP: ALEXANDRIA, VA 22309

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:	JASON JONMICHAEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	C/O HNTB CORPORATION 301 CONGRESS AVE, SUITE 600 AUSTIN, TX 78701		
CITY/ST/ZIP/CO:			
NAME:	DAVE KRISTICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	C/O E-470 PUBLIC HIGHWAY AUTHORITY 22470 E 6TH PARKWAY, STE 100 AURORA, CO 80018		
CITY/ST/ZIP/CO:			
NAME:	SUZANNE MURTHA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIR		
ADDRESS:	4503 FERRY LANDING ROAD ALEXANDRIA, VA 22309		
CITY/ST/ZIP/CO:			
NAME:	STEPHEN NOVOSAD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	C/O ATKINS 10100 REUNION PLACE, SUITE 850 SAN ANTONIO, TX 78216		
CITY/ST/ZIP/CO:			
NAME:	CHRIS BODY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O KAPSCH TRAFFICOM 2035 CORTE DEL NOGAL ST 105 CARISBAD, CA 92011		
CITY/ST/ZIP/CO:			
NAME:	MARK CANTELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O XEROX CORPORATION 12410 MILESTONE CENTER DR. #400 GERMANTOWN, MD 20876		
CITY/ST/ZIP/CO:			

NAME: JAMES FORTUNATO TITLE: DIRECTOR ADDRESS: C/O MTA BRIDGES & TUNNELS TECH DEPT 2 BROADWAY, 24TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10004	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMEES HOFMANN TITLE: DIRECTOR ADDRESS: C/O NORTH TEXAS TOLLWAY AUTHORITY PO BOX 260928 CITY/ST/ZIP/CO: PLANO, TX 75026-0928	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DOUG KAVNER TITLE: DIRECTOR ADDRESS: C/O RAYTHEON 1801 HUGHES DRIVE, BLDG 675, MS DD311 CITY/ST/ZIP/CO: FULLERTON, CA 92833	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK MURIELLO TITLE: DIRECTOR ADDRESS: C/O PORT AUTHORITY OF NY & NJ ONE MADISON AVE, 5TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC REDMAN TITLE: DIRECTOR ADDRESS: C/O 3M COMPANY 1321 VALWOOD DR, SUITE 620 CITY/ST/ZIP/CO: CARROLLTON, TX 75006	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD SCHNACKE TITLE: DIRECTOR ADDRESS: C/O TRANSCORE 113 INDIAN BLANKET LANE CITY/ST/ZIP/CO: TRINIDAD, TX 75163	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PJ WILKINS TITLE: DIRECTOR ADDRESS: C/O EZPASS GROUP 119 LOWER BEECH STREET, SUITE 200 CITY/ST/ZIP/CO: WILMINGTON, DE 19805	<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.	
<u>/s/ SUZANNE MURTHA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE MURTHA, EXECUTIVE DIR PRINTED NAME AND CORPORATE TITLE
	<u>4/25/2015</u> 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.	