

1.) CORPORATION NAME:

Integrated Justice Information Systems Institute, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEVEN AMBROSINI
44983 KNOLL SQUARE
ASHBURN, VA**

SCC ID NO: **F1795931**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44983 KNOLL SQUARE

CITY/ST/ZIP: ASHBURN, VA 20147

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.

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MATTHEW D'ALESSANDRO | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 1255 SANDERS HILL CIRCLE | |
| CITY/ST/ZIP/CO: | SANDY, UT 84094 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | GEORGE CRUSER | |
| TITLE: | TREASURER | |
| ADDRESS: | 6710 ROCKLEDGE DRIVE | |
| CITY/ST/ZIP/CO: | BETHESDA, MD 20817 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAVID USERY | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 9780 MT. PYRAMID COURT, SUITE 250 | |
| CITY/ST/ZIP/CO: | ENGLEWOOD, CO 80112 | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | STEVEN AMBROSINI | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 44983 KNOLL SQUARE | |
| CITY/ST/ZIP/CO: | ASHBURN, VA 20147 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | FIONA BARSHOW | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 13101 DOMINIQUE ESTATES LANE | |
| CITY/ST/ZIP/CO: | CATHARPIN, VA 20143 | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KENNETH BOUCHE | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 30 WACKER DRIVE | |
| CITY/ST/ZIP/CO: | STE 1730 CHICAGO, IL 60606 | |

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| NAME: MICHAEL DAVIS TITLE: DIRECTOR ADDRESS: 10401 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL DILLON TITLE: DIRECTOR ADDRESS: 19116 CADDY CT. CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: FRANK FELICE TITLE: DIRECTOR ADDRESS: 843 SOUTH 100 WEST CITY/ST/ZIP/CO: LOGAN, UT 84321 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BETTY KELEPECZ TITLE: DIRECTOR ADDRESS: 1220 ROSENCRANS STREET, SUITE 901 CITY/ST/ZIP/CO: SAN DIEGO, CA 92106 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LEW NELSON TITLE: DIRECTOR ADDRESS: 380 NEW YORK STREET CITY/ST/ZIP/CO: REDLANDS, CA 92373 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT KAE LIN TITLE: DIRECTOR ADDRESS: 111 THIRD AVE. CITY/ST/ZIP/CO: SUITE 3010 SEATTLE, WA 98101 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LYNNE BRISBANE TITLE: DIRECTOR ADDRESS: 44983 KNOLL SQUARE CITY/ST/ZIP/CO: Ashburn, VA 20147 | <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/ LYNNE BRISBANE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | LYNNE BRISBANE, DIRECTOR PRINTED NAME AND CORPORATE TITLE | 7/9/2013 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. | | |