

1.) CORPORATION NAME:

Altegrity, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **7/31/2011**

SCC ID NO: **F1797663**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7799 LEESBURG PIKE SUITE 1100 NORTH

CITY/ST/ZIP: FALLS CHURCH, VA 22043-

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: MICHAEL G CHERKASKY
TITLE: P CEO
ADDRESS: 7TH FLOOR
570 LEXINGTON AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

OFFICER

DIRECTOR

NAME: JEFFREY CAMPBELL
TITLE: SVP/CFO/T
ADDRESS: 7799 LEESBURG PIKE
SUITE 1100
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-

OFFICER

DIRECTOR

NAME: DAVID R FONTAINE
TITLE: SVP/SEC/GC
ADDRESS: 7799 LEESBURG PIKE
SUITE 1100
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-

OFFICER

DIRECTOR

NAME: RONALD COLLINS
TITLE: VP/TREASURER
ADDRESS: 7799 LEESBURG PIKE
SUITE 1100
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-

OFFICER

DIRECTOR

NAME: CHARLES E GOTTDIENER TITLE: DIRECTOR ADDRESS: 7799 LEESBURG PIKE SUITE 1100 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER P HALPIN TITLE: DIRECTOR ADDRESS: 4TH FLOOR 390 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R DAVIS NOELL TITLE: DIRECTOR ADDRESS: 7799 LEESBURG PIKE SUITE 1100 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL K POWELL TITLE: DIRECTOR ADDRESS: 7799 LEESBURG PIKE SUITE 1100 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE G RICHARDSON TITLE: DIRECTOR ADDRESS: 4TH FLOOR 490 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH R SIMMONS TITLE: VP/DGC/AS ADDRESS: 7799 LEESBURG PIKE SUITE 1100 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<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/ DAVID R FONTAINE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID R FONTAINE, SVP/SEC/GC _____ PRINTED NAME AND CORPORATE TITLE
7/6/2011 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.	