

1.) CORPORATION NAME:

Altegrity, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1797663**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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:	SHARON T. ROWLANDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7799 LEESBURG PIKE		
CITY/ST/ZIP/CO:	SUITE 1100 NORTH FALLS CHURCH, VA 22043		

NAME:	KEITH E. BERNIUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7799 LEESBURG PIKE		
CITY/ST/ZIP/CO:	SUITE 1100 FALLS CHURCH, VA 22043		

NAME:	KEITH R SIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/DGC/AS		
ADDRESS:	7799 LEESBURG PIKE		
CITY/ST/ZIP/CO:	SUITE 1100 FALLS CHURCH, VA 22043		

NAME:	DAVID R FONTAINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/SEC/GC		
ADDRESS:	7799 LEESBURG PIKE		
CITY/ST/ZIP/CO:	SUITE 1100 FALLS CHURCH, VA 22043		

NAME:	JEFFREY CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	7799 LEESBURG PIKE		
CITY/ST/ZIP/CO:	SUITE 1100 FALLS CHURCH, VA 22043		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES E GOTTDIENER DIRECTOR 7799 LEESBURG PIKE SUITE 1100 FALLS CHURCH, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER P HALPIN DIRECTOR 4TH FLOOR 390 PARK AVENUE NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R DAVIS NOELL DIRECTOR 7799 LEESBURG PIKE SUITE 1100 FALLS CHURCH, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE G RICHARDSON DIRECTOR 4TH FLOOR 490 PARK AVENUE NEW YORK, NY 10022	<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/ DAVID R FONTAINE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID R FONTAINE, SVP/SEC/GC PRINTED NAME AND CORPORATE TITLE	7/2/2012 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.			