

1.) CORPORATION NAME:

Mistras Group, Inc.

DUE DATE: **8/31/2011**

SCC ID NO: **F1798299**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
PREFER	480,094
PREFA	298,701
PREFB	221,205

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 195 CLARKSVILLE ROAD

CITY/ST/ZIP: PRINCETON JUNCTION, NJ 08550-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL KEEFE	
TITLE:	SECRETARY	
ADDRESS:	195 CLARKSVILLE ROAD	
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRANK JOYCE	
TITLE:	TREASURER	
ADDRESS:	195 CLARKSVILLE ROAD	
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SOTIRIOS VAHAVIOLOS	
TITLE:	CEO/PRES	
ADDRESS:	195 CLARKSVILLE ROAD	
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL LANGE	
TITLE:	VICE PRESIDENT	
ADDRESS:	195 CLARKSVILLE ROAD	
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES J. FORESE	
TITLE:	DIRECTOR	
ADDRESS:	195 CLARKSVILLE ROAD	
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MANUEL N. STAMATAKIS DIRECTOR 195 CLARKSVILLE RD PRINCETON JUNCTION, NJ 08550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD H. GLANTON DIRECTOR 195 CLARKSVILLE RD PRINCETON JUNCTION, NJ 08550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL M. DICKINSON DIRECTOR 195 CLARKSVILLE RD PRINCETON JUCTION, NJ 08550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LANGE DIRECTOR 195 CLARKSVILLE RD PRINCETON JUCTION, NJ 08550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ FRANK JOYCE	FRANK JOYCE, TREASURER	8/4/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.