

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

Mistras Group, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1798299**

CORPORATION SERVICE COMPANY

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	10,000,000

RICHMOND, VA 23219

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.

NAME:	SOTIRIOS VAHAVIOLOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/PRES		
ADDRESS:	195 CLARKSVILLE ROAD		
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550		
NAME:	MICHAEL LANGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	195 CLARKSVILLE ROAD		
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550		
NAME:	MICHAEL KEEFE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	195 CLARKSVILLE ROAD		
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550		
NAME:	FRANK JOYCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	195 CLARKSVILLE ROAD		
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550		
NAME:	DANIEL M. DICKINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	195 CLARKSVILLE RD		
CITY/ST/ZIP/CO:	PRINCETON JUCTION, NJ 08550		
NAME:	JAMES J. FORESE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	195 CLARKSVILLE ROAD		
CITY/ST/ZIP/CO:	PRINCETON JUNCTION, NJ 08550		

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
--	--	----------------------------------	--

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

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
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN RUFF DIRECTOR 195 CLARKSVILLE ROAD PRINCETON JUNCTION, NJ 08550	<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/ MICHAEL KEEFE	MICHAEL KEEFE, SECRETARY	7/31/2012
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.