

1.) CORPORATION NAME:

JSI Research and Training Institute, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN SNOW INCORPORATED
1616 N FORT MEYER DR 11TH FL
ROSSLYN, VA 22209**

SCC ID NO: **F1801937**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44 FARNSWORTH STREET

CITY/ST/ZIP: BOSTON, MA 02210

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: JOEL H LAMSTEIN TITLE: P/T ADDRESS: 44 FARNSWORTH ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA FAIRCHILD TITLE: SECRETARY ADDRESS: 44 FARNSWORTH ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOANNE B MCDADE TITLE: ASST SECRETARY ADDRESS: 44 FARNSWORTH ST CITY/ST/ZIP/CO: BOSTON, MA 02210	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HERBERT S URBACH TITLE: DIRECTOR ADDRESS: 70 FULLER BROOK ROAD CITY/ST/ZIP/CO: WELLESLEY, MA 02482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kenneth J. Olivola TITLE: DIRECTOR ADDRESS: 428 Main Street CITY/ST/ZIP/CO: Brewster, MA 02631	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David E. Bloom TITLE: DIRECTOR ADDRESS: 11 Winthrop Circle CITY/ST/ZIP/CO: Weston, MA 02493	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Leland Goldberg DIRECTOR 9 Danforth Lane Norton, MA 02766	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carolyn Hart DIRECTOR 5534 18th Road North Arlington, VA 22205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Louis Kaplow DIRECTOR 19 Thatcher Street Apt. 4 Brookline, MA 02446	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Osterman DIRECTOR 18 Fredana Road Newton, MA 02468	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nancy Turnbull DIRECTOR 26 Francis Street Brookline, MA 02446	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Useem DIRECTOR 352 Woodley Rd Merion Station, PA 19066	<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/ JOEL H LAMSTEIN	JOEL H LAMSTEIN, P/T	9/27/2012
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.