

1.) CORPORATION NAME: JSI Research and Training Institute, Inc.	DUE DATE: 9/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN SNOW INCORPORATED 1616 N FORT MEYER DR 11TH FL ROSSLYN, VA	SCC ID NO: F1801937
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 44 FARNSWORTH STREET CITY/ST/ZIP: BOSTON, MA 02210	
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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: 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

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	10/26/2015
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.