

1.) CORPORATION NAME:

National Defense Industrial Association

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1822842**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2111 WILSON BLVD SUITE 400

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	DAVID E CHEESEBROUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT, AFEI		
ADDRESS:	2111 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 400 ARLINGTON, VA 22201		
NAME:	LAWRENCE P FARRELL, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT & CEO		
ADDRESS:	2111 WILSON BLVD SUITE 400		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	FREDERICK L LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT, NTSA		
ADDRESS:	2111 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 400 ARLINGTON, VA 22201		
NAME:	BARRY D BATES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2111 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 400 ARLINGTON, VA 22201		
NAME:	SANDRA I ERWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2111 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 400 ARLINGTON, VA 22201		
NAME:	THOMAS A OWENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2111 WILSON BLVD SUITE 400		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DINO K PIGNOTTI VICE PRESIDENT 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRONISLAW P PROKUSKI VP, SEC/TREA 2111 WILSON BLVD_SUITE 400 ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER M STEFFES VICE PRESIDENT 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNOLD J PUNARO VICE CHAIRMAN 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D ILLGEN PAST CHAIRMAN 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN O'KEEFE CHAIRMAN 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE W CHURCH, ESQ. DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A CODY DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN F GAFFNEY DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE A GAUTHIER DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELEN GREINER DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD G HARVEY, JR. DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD L HAVER DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C HOOVER DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD ANDREW HOVE DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TREVOR L HUTH DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN E KELLY DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOANNA T LAU DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCALEESE DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW M MCHUGH DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LTG DAVID F MELCHER, USA (RET) DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LTG JOHN H MOELLERING, USA (RET) DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. WILLIAM B MOORE DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. MARGARET MYERS DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE J PEDERSEN DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIG. GEN. GRAHAM E SHIRLEY, USAF (RET) DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDRICK M STRADER DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOBBY STURGELL DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A VECCHIOLA DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS M WALTON DIRECTOR 2111 WILSON BLVD SUITE 400 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PATRICIA M WARD TITLE: DIRECTOR ADDRESS: 2111 WILSON BLVD SUITE 400 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---------------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: KENNETH J WOLBECK TITLE: DIRECTOR ADDRESS: 2111 WILSON BLVD SUITE 400 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<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/ BRONISLAW P PROKUSKI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRONISLAW P PROKUSKI, VP, SEC/TREA PRINTED NAME AND CORPORATE TITLE	4/25/2012 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.