

1.) CORPORATION NAME:

**National Defense Industrial Association**

DUE DATE: **4/30/2013**

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
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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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID E CHEESEBROUGH	
TITLE:	PRESIDENT, AFEI	
ADDRESS:	2111 WILSON BLVD	
	SUITE 400	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAWRENCE P FARRELL, JR	
TITLE:	PRESIDENT & CEO	
ADDRESS:	2111 WILSON BLVD SUITE 400	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES A ROBB	
TITLE:	PRESIDENT, NTSA	
ADDRESS:	2111 WILSON BLVD	
	SUITE 400	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARRY D BATES	
TITLE:	VICE PRESIDENT	
ADDRESS:	2111 WILSON BLVD	
	SUITE 400	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SANDRA I ERWIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	2111 WILSON BLVD	
	SUITE 400	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS A OWENS	
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:	JOSEPH W. DYER, VADM USN (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:	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:	SUSAN B KENNEDY 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:	JAMES B LASWELL 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:	ELLEN LORD 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:	RICHARD D McCONN 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:	TERRANCE J McKEARNEY 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:	JOE R REEDER, 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:	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:	DeLOYD VOORHEES, 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:	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:	GREGORY WENZEL 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA M WARD 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 GLENN YARBOROUGH, 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:	HAROLD L YOH, III DIRECTOR 2111 WILSON BLVD., STE 400 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	2/26/2013 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.			