

1.) CORPORATION NAME:

International Society for Strategic Studies inRadiology

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS R HOFFMAN
1891 PRESTON WHITE DR
RESTON, VA**

SCC ID NO: **F1838194**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1891 PRESTON WHITE DRIVE

CITY/ST/ZIP: RESTON, VA 20191

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: HEDVIG HRICAK MD, PHD, DR TITLE: PAST PRESIDENT ADDRESS: 1275 YORK AVENUE #C278 CITY/ST/ZIP/CO: NEW YORK, NY 10021	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JONATHAN S LEWIS, MD TITLE: PRES ELECT ADDRESS: 601 N CAROLINE STREET SUITE 4210 CITY/ST/ZIP/CO: BALTIMORE, MD 21287	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NORMAN J BEAUCHAMP JR., MD MHS TITLE: SECRETARY ADDRESS: 1959 NE PACIFIC STREET CITY/ST/ZIP/CO: SEATTLE, WA 98195	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES H THRALL, MD TITLE: MEMBER ADDRESS: MASSACHUSETTS GENERAL HOSPITAL DEPT OF RADIOLOGY, 25 NEW CHARDON STREET CITY/ST/ZIP/CO: BOSTON, MA 02114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GABRIEL P KRESTIN, MD, PhD TITLE: PRESIDENT ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: XIAOYUAN FENG, MD TITLE: VICE PRESIDENT ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUIS DONOSO, MD TREASURER 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER MARGULIS, MD, DSc HONORARY PRES WEILL MED COLLEGE OF CORNELL UNIV 525 EAST 68TH STREET NEW YORK, NY 10021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD ARENSON, MD DIRECTOR UNIV OF CA SCHOOL OF MED 505 PAMASSUS AVE, RM M-391 SAN FRANCISCO, CA 94143-0628	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BRADLEY, MD, PhD DIRECTOR UCSD MED CENTER 402 DICKINSON ST, STE 454 SAN DIEGO, CA 92103-8756	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BORIS BRKLJACIC, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLO CATALANO, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GIOVANNI CERRI, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUY FRIJA, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANJIV S GAMBHIR, MD, PhD DIRECTOR STANFORD SCHOOL OF MEDICINE 318 CAMPUS DR, RM E150A STANFORD, CA 94305-5014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTIAN J HEROLD, MD DIRECTOR 1891 PRESTON WHITE DRIVE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MAXIMILIAN REISER, MD TITLE: DIRECTOR ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEFAN SCHOENBERG, MD TITLE: DIRECTOR ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAZURO SUGIMURA, MD TITLE: DIRECTOR ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RALPH WEISSLEDER, MD TITLE: DIRECTOR ADDRESS: 1891 PRESTON WHITE DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191	<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/ HEDVIG HRICAK MD, PHD, DR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HEDVIG HRICAK MD, PHD, DR, PAST PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/29/2013 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.		