

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213525031

1.) CORPORATION NAME:

**Vitalize Consulting Solutions, Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1865163**

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:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 248 MAIN STREET  
SUITE 101

CITY/ST/ZIP: READING, MA 01867

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	STEPHEN J. COMBER				
TITLE:	PRESIDENT				
ADDRESS:	1710 SAIC Drive T2-3-2 McLean, VA 22102				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOSEPH W CRAVER, III				
TITLE:	EVP				
ADDRESS:	1710 SAIC DRIVE MS T1-13-2 MCLEAN, VA 22102				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BRUCE A CERULLO				
TITLE:	SVP				
ADDRESS:	248 MAIN STREET SUITE 101 READING, MA 01867				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARC H. CROWN				
TITLE:	TAO				
ADDRESS:	8301 Greensboro Drive McLean, VA 22102				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	STEVEN P FISHER				
TITLE:	TAO				
ADDRESS:	10260 CAMPUS POINT DRIVE MS A-3 SAN DIEGO, CA 92121				
CITY/ST/ZIP/CO:					

NAME: FREDERICK R HAZARD TITLE: SVP ADDRESS: 10140 CAMPUS POINT DRIVE MAIL STOP H-4 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT L LEVIN TITLE: ASST SECRETARY ADDRESS: 10260 CAMPUS POINT DRIVE MS D7S CITY/ST/ZIP/CO: SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK J MCGEE TITLE: SVP ADDRESS: 1710 SAIC DRIVE MS 2-3-2 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KARLA MOUNT TITLE: CFO ADDRESS: 248 MAIN STREET SUITE 101 CITY/ST/ZIP/CO: READING, MA 01867	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CLEMENT VINCENT QUELLA, III TITLE: ASST SECRETARY ADDRESS: 8301 Greensboro Drive CITY/ST/ZIP/CO: McLean, VA 22102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KEVIN MICHAEL KURTZ TITLE: DIRECTOR ADDRESS: 10260 CAMPUS POINT DRIVE MS D-4 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL P PASQUA TITLE: DIRECTOR ADDRESS: 301 LABORATORY ROAD P.O. BOX 2501 CITY/ST/ZIP/CO: OAK RIDGE, TN 37831	<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/ CLEMENT VINCENT QUELLA, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLEMENT VINCENT QUELLA, III, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/28/2013 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.		