

1.) CORPORATION NAME:

**XL Associates, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CTR 16TH FLR  
1111 E MAIN ST**

SCC ID NO: **F1869595**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16800 Versar Center  
Suite #303

CITY/ST/ZIP: Springfield, VA 22151

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:	LLOYD M MUSTIN II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6800 Versar Center Suite #303		
CITY/ST/ZIP/CO:	Springfield, VA 22151		

NAME:	William J Weber	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6800 Versar Center Suite #303		
CITY/ST/ZIP/CO:	Springfield, VA 22151		

NAME:	Scott S Plumridge	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6800 Versar Center Suite #303		
CITY/ST/ZIP/CO:	Springfield, VA 22151		

NAME:	Doug Kindsland Kollme	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	6800 Versar Center Suite #303		
CITY/ST/ZIP/CO:	Springfield, VA 22151		

NAME:	Kenneth M Doyle	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP & Secretary		
ADDRESS:	6800 Versar Center Suite #303		
CITY/ST/ZIP/CO:	Springfield, VA 22151		

NAME: Stephanie A Simeone TITLE: DIRECTOR ADDRESS: 6800 Versar Center Suite #303 CITY/ST/ZIP/CO: Springfield, VA 22151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Dupree TITLE: DIRECTOR ADDRESS: 6800 Versar Center Suite #303 CITY/ST/ZIP/CO: Springfield, VA 22151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Charles Quillin TITLE: DIRECTOR ADDRESS: 6800 Versar Center Suite #303 CITY/ST/ZIP/CO: Springfield, VA 22151	<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/ LLOYD M MUSTIN II	LLOYD M MUSTIN II, CEO	9/27/2013
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.		