

1.) CORPORATION NAME:

Decision Sciences International Corporation

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1884131**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,010,000
PREFER	5,720,000

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14900 CONFERENCE CENTER DR
SUITE 125

CITY/ST/ZIP: CHANTILLY, VA 20151

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.

<p>NAME: STANTON D. SLOANE TITLE: PRESIDENT ADDRESS: 14900 CONFERENCE CENTER DRIVE SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL GOLL TITLE: ASST SECRETARY ADDRESS: 14900 CONFERENCE CENTER DRIVE SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STUART J RABIN TITLE: CHAIRMAN ADDRESS: 14900 CONFERENCE CENTER DRIVE SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAY M. COHEN TITLE: DIRECTOR ADDRESS: 14900 CONFERENCE CENTER DR SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PASQUALE D TITLE: DIRECTOR ADDRESS: 14900 CONFERENCE CENTER DRIVE SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LAWRENCE DELANEY TITLE: DIRECTOR ADDRESS: 14900 CONFERENCE CENTER DRIVE SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GENE W RAY TITLE: DIRECTOR ADDRESS: 12345 FIRST AMERICAN WAY STE 100 CITY/ST/ZIP/CO: POWAY, CA 92064	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT RAYMOND TITLE: DIRECTOR ADDRESS: 14900 CONFERENCE CENTER DRIVE SUITE 125 CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<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/ MICHAEL GOLL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL GOLL, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	3/11/2014 _____ 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.		