

1.) CORPORATION NAME: **THE GEORGE C. MARSHALL INSTITUTE, INC.** DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NATIONAL CORPORATE RESEARCH
250 BROWNS HILL COURT
MIDLOTHIAN, VA** SCC ID NO: **F1918905**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
NH

6.) PRINCIPAL OFFICE ADDRESS:

 ADDRESS: 1601 N JEBT ST STE 802
 CITY/ST/ZIP: ARLINGTON, VA 22209

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: JOHN H MOORE TITLE: SECRETARY ADDRESS: 11702 OAKMONT COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33908	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY CANAVAN TITLE: DIRECTOR ADDRESS: 22 TIMBER RIDGE RD CITY/ST/ZIP/CO: LOS ALAMOS, NM 87544	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK P MILLS TITLE: DIRECTOR ADDRESS: 10 Farmington Court CITY/ST/ZIP/CO: Bethesda, MD 20815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RODNEY NICHOLS TITLE: DIRECTOR ADDRESS: 115 EAST 86TH ST APT 92 CITY/ST/ZIP/CO: NEW YORK, NY 10028	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MITCH NIKOLICH TITLE: DIRECTOR ADDRESS: 8286 ARROWLEAF TURN CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Butterworth TITLE: DIRECTOR ADDRESS: 10901 Sea View Ct NW CITY/ST/ZIP/CO: Gig Harbor, WA 98332	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Roy Spencer TITLE: DIRECTOR ADDRESS: 1501 Chandler Road CITY/ST/ZIP/CO: Huntsville, AL 35801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Will Happer TITLE: DIRECTOR ADDRESS: Jadwin Hall 206 CITY/ST/ZIP/CO: Princeton, NJ 08544	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William F O TITLE: CEO ADDRESS: 5450 Brickshire Drive CITY/ST/ZIP/CO: Providence Forge, VA 23140	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jeff Kueter TITLE: Pres & Trea ADDRESS: 1601 N Kent St, Suite 802 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input 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/ Jeff Kueter	Jeff Kueter, Pres & Trea	1/20/2014
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.		