

1.) CORPORATION NAME:

THE GEORGE C. MARSHALL INSTITUTE, INC.

DUE DATE: **1/31/2015**

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 North Kent Street Suite 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: 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
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: 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: 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: 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: 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK P MILLS DIRECTOR 10 FARMINGTON COURT BETHESDA, MD 20815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY NICHOLS DIRECTOR 115 EAST 86TH ST APT 92 NEW YORK, NY 10028	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MITCH NIKOLICH DIRECTOR 8286 ARROWLEAF TURN GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY SPENCER DIRECTOR 1501 CHANDLER ROAD HUNTSVILLE, AL 35801	<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/ JEFF KUETER	JEFF KUETER, PRES & TREA	1/30/2015	
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.			