

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006542

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: PA GOVERNMENT SERVICES INC.

## Current Principal Place of Business:

4601 NORTH FAIRFAX DRIVE  
SUITE 600  
ARLINGTON, VA 22203

## New Principal Place of Business:

## Current Mailing Address:

4601 NORTH FAIRFAX DRIVE  
SUITE 600  
ARLINGTON, VA 22203

## New Mailing Address:

FEI Number: 52-1173290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/CE ( ) Delete  
Name: WHITE, DEAN  
Address: 4601 NORTH FAIRFAX DRIVE, SUITE 600  
City-St-Zip: ARLINGTON, VA 22203

Title: VP/D ( ) Delete  
Name: MIDDLETON, ROBERT ALAN  
Address: 123 BUCKINGHAM PALACE ROAD  
City-St-Zip: ENGLAND, UK SW1W9SR CN

Title: VP/T ( ) Delete  
Name: KEITH, DAVID  
Address: 4601 NORTH FAIRFAX DRIVE, SUITE 600  
City-St-Zip: ARLINGTON, VA 22203

Title: VP/D ( ) Delete  
Name: RUBIN, KENNETH I  
Address: 4601 NORTH FAIRFAX DRIVE, SUITE 600  
City-St-Zip: ARLINGTON, VA 22203

Title: VP ( ) Delete  
Name: RODRIGUEZ, IGNACIO  
Address: 4601 NORTH FAIRFAX DRIVE, SUITE 600  
City-St-Zip: ARLINGTON, VA 22203

Title: CAS ( ) Delete  
Name: MILLER, LAURIE  
Address: 4601 NORTH FAIRFAX DRIVE, SUITE 600  
City-St-Zip: ARLINGTON, VA 22203

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE MILLER

CAS

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date