


FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90263 040 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005065

1. Entity Name
US INVESTIGATIONS SERVICES, PROFESSIONAL SERVICES DIVISION, INC.



Principal Place of Business Mailing Address
7799 LEESBURG PIKE **TAX DEPT 125 LINCOLN AVENUE**
SUITE 400, SOUTH TOWER **GROVE CITY, PA 16127**
FALLS CHURCH, VA 22043-2413

40097711



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
54-1076624 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB DOBBS, RANDY 1179 LEESBURG PIKE, STE. 1100 NORTH FALLS CHURCH, VA 220432413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR CULL, WILLIAM 7799 LEESBURGH PIKE, STE. 1100 NORTH FALLS CHURCH, VA 220432413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR Summons, KEITH 7799 LEESBURG PIKE, SUITE 400 NORTH FALLS CHURCH, VA 22043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KAMINSKY, DAVID 1179 LEESBURG PIKE, STE. 1100 NORTH FALLS CHURCH, VA 220432413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X David Kaminsky* **DAVID KAMINSKY** 04/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #