

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005065

FILED
Mar 31, 2010
Secretary of State

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

Current Principal Place of Business:

7799 LEESBURG PIKE
SUITE 400, SOUTH TOWER
FALLS CHURCH, VA 220432413

New Principal Place of Business:

7799 LEESBURG PIKE
SUITE 400, SOUTH
FALLS CHURCH, VA 220432413

Current Mailing Address:

TAX DEPT 125 LINCOLN AVENUE
GROVE CITY, PA 16127

New Mailing Address:

FEI Number: 54-1076624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: CEO
Name: MIXON, WILLIAM
Address: 7799 LEESBURG PIKE, STE. 1100 NORTH
City-St-Zip: FALLS CHURCH, VA 22043

Title: CFO
Name: OBERHOLZER, ANDRE
Address: 7799 LEESBURG PIKE, STE. 1100 NORTH
City-St-Zip: FALLS CHURCH, VA 22043

Title: SEC
Name: SIMMONS, KEITH
Address: 7799 LEESBURG PIKE, STE 1100 N.
City-St-Zip: FALLS CHURCH, VA 22043

Title: SVP
Name: FONTAINE, DAVID
Address: 7799 LEESBURG PIKE, STE 1100 N.
City-St-Zip: FALLS CHURCH, VA 22043

I hereby 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 all other like empowered.

SIGNATURE: DAVID FONTAINE

SVP

03/31/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date