

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005065

FILED
Apr 17, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MASANOTTI, PETER
Address: 7799 LEESBURG PIKE, SUITE 400 SOUTH
City-St-Zip: FALLS CHURCH, VA 220432413

Title: CFO
Name: OBERHOLZER, ANDRE S
Address: 7799 LEESBURG PIKE, SUITE 400 SOUTH
City-St-Zip: FALLS CHURCH, VA 220432413

Title: VPS
Name: FONTAINE, DAVID R
Address: 7799 LEESBURG PIKE, SUITE 400 SOUTH
City-St-Zip: FALLS CHURCH, VA 220432413

Title: VPAS
Name: SIMMONS, KEITH R
Address: 7799 LEESBURG PIKE, SUITE 400 SOUTH
City-St-Zip: FALLS CHURCH, VA 220432413

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 R. FONTAINE

VPS

04/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date