

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005065

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC1824872128**

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

**Current Principal Place of Business:**

7799 LEESBURG PIKE  
3RD FLOOR NORTH  
FALLS CHURCH, VA 22043

**Current Mailing Address:**

7799 LEESBURG PIKE  
3RD FLOOR NORTH  
FALLS CHURCH, VA 22043 US

**FEI Number: 54-1076624**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           LAMBETH, JOHN  
Address        1320 N COURTHOUSE RD., STE. 800  
City-State-Zip: ARLINGTON VA 22201

Title           DIRECTOR  
Name           MUNCHEL, PATRICIA  
Address        1320 N COURTHOUSE RD., STE. 800  
City-State-Zip: ARLINGTON VA 22201

Title           DIRECTOR  
Name           CALLAHAN, THOMAS  
Address        1320 N COURTHOUSE RD., STE. 800  
City-State-Zip: ARLINGTON VA 22201

Title           PRESIDENT  
Name           WENSINGER, JEREMY  
Address        7799 LEESBURG PIKE  
                  3RD FLOOR NORTH  
City-State-Zip: FALLS CHURCH VA 22043

Title           TREASURER  
Name           SULLIVAN, KEVIN  
Address        1320 N COURTHOUSE RD., STE. 800  
City-State-Zip: ARLINGTON VA 22201

Title           SECRETARY  
Name           DEAL, MICHAEL  
Address        1320 N COURTHOUSE RD., STE. 800  
City-State-Zip: ARLINGTON VA 22201

*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: MICHAEL DEAL**

**SECRETARY**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date