

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005065

**Entity Name:** PAE PROFESSIONAL SERVICES, INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC6937024075**

**Current Principal Place of Business:**

7799 LEESBURG PIKE  
SUITE 1100N  
FALLS CHURCH, VA 22043

**Current Mailing Address:**

7799 LEESBURG PIKE  
SUITE 1100N  
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            PRESIDENT  
Name            COLEMAN, JOHN  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-Zip: FALLS CHURCH VA 22043

Title            SECRETARY  
Name            DEAL, MICHAEL  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-Zip: FALLS CHURCH VA 22043

Title            TREASURER  
Name            SULLIVAN, KEVIN  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-Zip: FALLS CHURCH VA 22043

Title            ASST. SECRETARY  
Name            FINN, STEPHANIE  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-Zip: FALLS CHURCH VA 22043

Title            DIRECTOR  
Name            LAMBETH, JOHN  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-Zip: FALLS CHURCH VA 22043

Title            DIRECTOR  
Name            VON SEELEN, RICHARD KIRK  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-Zip: FALLS CHURCH VA 22043

Title            DIRECTOR  
Name            MUNCHEL, PATRICIA  
Address        7799 LEESBURG PIKE  
                  SUITE 1100N  
City-State-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: MICHAEL DEAL**

**SECRETARY**

**04/28/2016**

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

\_\_\_\_\_  
Date