

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90073 022 ***150.00

0580078 AT

DOCUMENT # F99000005065

1. Entity Name
**US INVESTIGATIONS SERVICES, PROFESSIONAL SERVICE
 S DIVISION, INC.**

Principal Place of Business 1953 GALLOWS ROAD, SUITE 810 VIENNA VA 22182-3934	Mailing Address 1953 GALLOWS ROAD, SUITE 810 VIENNA VA 22182-3934
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7799 Leesburg Pike	3. Mailing Address 7799 Leesburg Pike
Suite, Apt. #, etc. Suite 400 South Tower	Suite, Apt. #, etc. Suite 400 South Tower

City & State Falls Church, VA	City & State Falls Church, VA
Zip 22043-2413	Country USA

4. FEI Number 54-1076624	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

~~6.-Name and Address of Current Registered Agent~~ ~~7.-Name and Address of New Registered Agent~~

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLO, ANTHONY J 1953 GALLOWS ROAD, SUITE 810 VIENNA VA 22182-3934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEATON, OWEN B 1137 BRANCHTON RD ANNANDALE PA 16018-0026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SWEENEY, PHILLIP 1137 BRANCHTON RD ANNANDALE PA 16018-0026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, PHILLIP 1137 BRANCHTON RD ANNANDALE PA 16018-0026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7799 Leesburg Pike, Suite 400 S. Tower Falls Church, VA 22043-2413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sweeney, Philip
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harper, Philip
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/28/02** **724-794-4498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)