
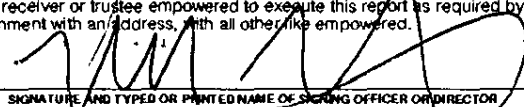


**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90103 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # F99000005065</b>					
1. Entity Name <b>US INVESTIGATIONS SERVICES, PROFESSIONAL SERVICES DIVISION, INC.</b>					
Principal Place of Business 7799 LEESBURG PIKE SUITE 400, SOUTH TOWER FALLS CHURCH, VA 22043-2413		Mailing Address 7799 LEESBURG PIKE SUITE 400, SOUTH TOWER FALLS CHURCH, VA 22043-2413			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-1076624</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>PO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GALLO, ANTHONY J</b>	NAME			
STREET ADDRESS	<b>7799 LEESBURG PIKE, SUITE 400 SOUTH TOWER</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FALLS CHURCH, VA 220432413</b>	CITY-ST-ZIP			
TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VSDO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SEATON, OWEN B</b>	NAME	<b>KINGMAN, BARRY J.</b>		
STREET ADDRESS	<b>1137 BRANCHTON RD</b>	STREET ADDRESS	<b>1137 BRANCHTON RD</b>		
CITY-ST-ZIP	<b>ANNANDALE, PA 160180026</b>	CITY-ST-ZIP	<b>ANNANDALE, PA 160180026</b>		
TITLE	<b>VTD</b> <input type="checkbox"/> Delete	TITLE	<b>VTDO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SWEENEY, PHILIP</b>	NAME			
STREET ADDRESS	<b>1137 BRANCHTON RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ANNANDALE, PA 160180026</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HARPER, PHILIP</b>	NAME			
STREET ADDRESS	<b>1137 BRANCHTON RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ANNANDALE, PA 160180026</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			x 3/27/03 724-794-4498		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)