

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001360

Entity Name: PSA-DEWBERRY INC.

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

8401 ARLINGTON BLVD.
FAIRFAX, VA 22031

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATE LEGAL GROUP
8401 ARLINGTON BLVD.
FAIRFAX, VA 22031

New Mailing Address:

8401 ARLINGTON BLVD.
FAIRFAX, VA 22031

FEI Number: 37-1004942

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 323012525 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: PD
Name: GIBSON, RANDALL E
Address: 36 S. WABASH AVE, SUITE 310
City-St-Zip: CHICAGO, IL 60603

Title: VP
Name: BEIGHT, JAMES L
Address: 8401 ARLINGTON BLVD
City-St-Zip: FAIRFAX, VA 22031

Title: S
Name: THOMAS, CRAIG N
Address: 8401 ARLINGTON BLVD
City-St-Zip: FAIRFAX, VA 22031

Title: T
Name: REINER, MARK H
Address: 8401 ARLINGTON BLVD
City-St-Zip: FAIRFAX, VA 22031

Title: D
Name: STONE, DONALD E JR.
Address: 8401 ARLINGTON BLVD
City-St-Zip: FAIRFAX, VA 22031

Title: D
Name: GIBSON, RANDALLE E
Address: 8401 ARLINGTON BLVD
City-St-Zip: FAIRFAX, VA 22031

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: DONALD E. STONE, JR.

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date