

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004262

Entity Name: MERSCORP HOLDINGS, INC.**Current Principal Place of Business:**1818 LIBRARY ST
STE 300
RESTON, VA 20190**Current Mailing Address:**1818 LIBRARY ST
STE 300
RESTON, VA 20190**FEI Number:** 52-1948396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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 WILLIAM, BECKMANN
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name SHARON, HORSTKAMP
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title SECRETARY
Name SKALKA, MICHAEL
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title VP
Name MCLAUGHLIN, DANIEL
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title CFO
Name RUSSELL, JUANITA W
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name MARCUS, AVI
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name FELIZ, FREDDY
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name KANEFIELD, BRYAN
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

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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: JUANITA RUSSELL

CFO

04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name SMITH, JANIS
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name STRUB, GRETCHEN
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name ROBERGE, MARK
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name KARDON, JOSH
Address 2911 NE HANCOCK STREET
City-State-Zip: PORTLAND OR 97212

Title DIRECTOR
Name PFOTENHAUER, KURT
Address FIRST AMERICAN WAY
City-State-Zip: SANTA ANA CA 92707

Title DIRECTOR
Name SHAW, MICHAEL
Address 3900 WISCONSIN AVENUE NW
City-State-Zip: WASHINGTON DC 20016-2892

Title DIRECTOR
Name DAWSON, MICHAEL
Address 1551 PARK RUN DRIVE, MS D25
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name GRAY, KATHY
Address MAC X2401-064
1 HOME CAMPUS
City-State-Zip: DES MOINES IA 50328

Title OFFICER
Name RHEEM-DANCER, HELINA
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title OFFICER
Name HULTMAN, WILLIAM
Address 1818 LIBRARY STREET., STE. 300
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name STEVENS, DAVID H
Address 1717 RHODE ISLAND AVENUE NW
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name MUDICK, STEPHANIE
Address 270 PARK AVENUE, FLOOR 46
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name MCCRACKIN, BRIAN
Address 1000 TECHNOLOGY DRIVE, MS 849
City-State-Zip: O'FALLON MO 63304-2240

Title DIRECTOR
Name KORSMO, MICHELLE
Address 1828 L STREET NW, STE 705
City-State-Zip: WASHINGTON DC 22036-5104

Title DIRECTOR
Name WASHINGTON, LAWRENCE P
Address 4804 DEER LAKE EAST
FL9-803-05-01
City-State-Zip: JACKSONVILLE FL 32246