

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005806

Entity Name: PUBLIC COMMUNICATIONS SERVICES, INC.**Current Principal Place of Business:**12021 SUNSET HILLS ROAD
SUITE 100
RESTON, VA 20190**Current Mailing Address:**12021 SUNSET HILLS ROAD
SUITE 100
RESTON, VA 20190**FEI Number:** 95-4615444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.
17888 67TH CT NORTH
LOXAHATCHEE, FL 33470 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 HAIDINGER, JEFFERY B
Address 12021 SUNSET HILLS ROAD
 SUITE 100
City-State-Zip: RESTON VA 20190

Title TREASURER
Name YOW, STEVE
Address 2609 CAMERON STREET
City-State-Zip: MOBILE AL 36607

Title DIRECTOR
Name ROSSETTI, PAUL
Address 12021 SUNSET HILLS ROAD
 SUITE 100
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name PENN, KEVIN
Address 12021 SUNSET HILLS ROAD
 SUITE 100
City-State-Zip: RESTON VA 20190

Title SECRETARY
Name RIDGEWAY, TERESA L
Address 2609 CAMERON STREET
City-State-Zip: MOBILE AL 36607

Title DIRECTOR
Name OLIVER, BRIAN
Address 12021 SUNSET HILLS ROAD
 SUITE 100
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name LEVINE, MATTHEW
Address 12021 SUNSET HILLS ROAD
 SUITE 100
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name LEVIN, BLAIR
Address 12021 SUNSET HILLS ROAD
 SUITE 100
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: TERESA L RIDGEWAY

SECRETARY

04/04/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CALABRESE, WAYNE
Address	12021 SUNSET HILLS ROAD SUITE 100
City-State-Zip:	RESTON VA 20190