

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003334

Entity Name: MAXIMUS HIGHER EDUCATION, INC.**Current Principal Place of Business:**1891 METRO CENTER DRIVE
RESTON, VA 20190**Current Mailing Address:**1891 METRO CENTER DRIVE
RESTON, VA 20190 US**FEI Number:** 27-3819610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | DIRECTOR |
| Name | MONTONI, RICHARD A. |
| Address | 1891 METRO CENTER DRIVE |
| City-State-Zip: | RESTON VA 20190 |

| | |
|-----------------|-------------------------|
| Title | PRESIDENT |
| Name | KERR, KATHLEEN L. |
| Address | 1891 METRO CENTER DRIVE |
| City-State-Zip: | RESTON VA 20190 |

| | |
|-----------------|-------------------------|
| Title | SECRETARY |
| Name | FRANCIS, DAVID R. |
| Address | 1891 METRO CENTER DRIVE |
| City-State-Zip: | RESTON VA 20190 |

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | WALKER, DAVID N. |
| Address | 1891 METRO CENTER DRIVE |
| City-State-Zip: | RESTON VA 20190 |

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: DAVID R. FRANCIS**SECRETARY****04/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date