2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000245

FILED May 04, 2009 Secretary of State

Entity Name: HIRERIGHT SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4500 S 129TH E AVE SUITE 200 TULSA, OK 741345885 **Current Mailing Address: New Mailing Address:** TAX DEPT 125 LINCOLN AVENUE GROVE CITY, PA 16127 FEI Number: 73-1168954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DOWD, TIMOTHY CHERKASKY, MICHAEL G Name: Name: 4500 S 129TH E AVE 7799 LEESBURG PIKE, STE. 1100 N. Address: Address: City-St-Zip: TULSA, OK 74134 City-St-Zip: FALLS CHURCH, VA 22043 Title: COBD Title: (X) Change () Addition () Delete Name: DOBBS, RANDY Name: SIMMONS, KEITH R 7799 LEESBURG PIKE, SUITE 1100 7799 LEESBURG PIKE, SUITE 1100 Address: Address: FALLS CHURCH, VA 22043 FALLS CHURCH, VA 22043 City-St-Zip: City-St-Zip: Title: () Delete Title: CFO () Change () Addition KAMINSKY, DAVID Name: Name: 7799 LEESBURG PIKE, STE 1100 NORTH Address: Address: City-St-Zip: FALLS CHURCH, VA 22043 City-St-Zip: Title: (X) Delete Title: () Change () Addition WILLIS, TIM M Name: Name: Address: 8605 S. FULTON Address: City-St-Zip: TULSA, OK 74137 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID A. KA	AMINSKY	CFO	05/04/2009
SIGNATURE: DAVID A. KA	AMINSKY		05/04/2009