

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003772

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** ASRC MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

6303 IVY LANE STE. 130  
GREENBELT, MD 20770

**New Principal Place of Business:**

**Current Mailing Address:**

6303 IVY LANE STE. 130  
GREENBELT, MD 20770

**New Mailing Address:**

**FEI Number:** 46-0504469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: P  
Name: LEWIS, TIM  
Address: 6303 IVY LANE STE. 130  
City-St-Zip: GREENBELT, MD 20770

Title: S  
Name: COLLEN, NICHOLSON  
Address: 6303 IVY LANE STE. 130  
City-St-Zip: GREENBELT, MD 20770

Title: T  
Name: COLLEN, NICHOLSON  
Address: 6303 IVY LANE STE. 130  
City-St-Zip: GREENBELT, MD 20770

Title: D  
Name: LEWIS, TIM  
Address: 6303 IVY LANE STE. 130  
City-St-Zip: GREENBELT, MD 20770

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: TIM LEWIS

P

04/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date