2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006542

FILED
Apr 17, 2009
Secretary of State

Entity Name: PA GOVERNMENT SERVICES INC.

Current Principal Place of Business:

4601 NORTH FAIRFAX DRIVE
SUITE 600
ARLINGTON, VA 22203

New Principal Place of Business:

Current Mailing Address:

4601 NORTH FAIRFAX DRIVE
SUITE 600
ARLINGTON, VA 22203

New Mailing Address:

FEI Number: 52-1173290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 E. PARK AVE.
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P/CE ( ) Delete
Name:	WHITE, DEAN
Address:	4601 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip:	ARLINGTON, VA 22203
Title:	VP/D ( ) Delete
Name:	MIDDLETON, ROBERT ALAN
Address:	123 BUCKINGHAM PALACE ROAD
City-St-Zip:	ENGLAND, UK SW1W9SR CN
Title:	VP/T ( ) Delete
Name:	KEITH, DAVID
Address:	4601 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip:	ARLINGTON, VA 22203
Title:	VP/D ( ) Delete
Name:	RUBIN, KENNETH I
Address:	4601 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip:	ARLINGTON, VA 22203
Title:	VP ( ) Delete
Name:	RODRIGUEZ, IGNACIO
Address:	4601 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip:	ARLINGTON, VA 22203
Title:	CAS ( ) Delete
Name:	MILLER, LAURIE
Address:	4601 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip:	ARLINGTON, VA 22203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LAURIE MILLER CAS 04/17/2009

Electronic Signature of Signing Officer or Director Date