

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003869

FILED
Mar 24, 2009
Secretary of State

Entity Name: KROLL GOVERNMENT SERVICES, INC.

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: ALLEN, BEN
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: P () Delete
Name: SCHLANGER, JEFF
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: VPS () Delete
Name: PEREL, SABRINA
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: T () Delete
Name: HELLRIEGEL, MICHAEL
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

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:

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: SABRINA PEREL

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03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date