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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE



COVER LETTER

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TO:	New Filin Division o	g Section of Corporations				
SHR	ECT:	ITS Services Incorporated	i			
SUL	EC1	Name of co	rporatio	n - must in	clude suffix	
Dear S	Sir or Madar	n:				
"Certi	nclosed "Ap ficate of Exi ct business i	plication by Foreign Corpor istence," and check are subn in Florida.	ation for nitted to	Authorizaregister the	tion to Transa above referen	ct Business in Florida," need foreign corporation to
Please	return all co	orrespondence concerning th	nis matte	r to the fol	lowing:	
			Floyd S	tilley		
		,	Name of	Person		
		Qin	etiQ Nort	h America		
		F	irm/Cor	npany		
		2677 Pı	osperity .	Ave Suite 4	00	
			Addı	ress	· · · · · · · · · · · · · · · · · · ·	
		F	airfax, V	A 22031		
		Cir	ty/State	and Zip co	de	<u></u>
		Floyd.St	illey@Qi	inetiQ-NA.c	om	
	<u></u>	E-mail address: (to	be used	for future	annual report	notification)
For fu	rther inform	nation concerning this matter	, please	call:		
Floyd	Stilley	at (703	852-31	121	
	Name of			Code & D	aytime Teleph	one Number
	New Filin Division of Clifton Bu 2661 Exec	of Corporations			MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7
	sed is a chec	Fee \$\int\\$78.75 \text{ Filing Fee} \text{Certificate of State}	& [\$78.75 Certifie	Filing Fee & d Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

July 4. 2009

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301



Re: Order #: 7602048 SO

Customer Reference 1: Qualification filings

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

ITS Services, Inc. (VA) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com *RE-SUBMIT*
Please retain original filling
date of submission 7/2109



July 6, 2009

CT CORPORATION ATTN: CONNIE BRYAN

SUBJECT: ITS SERVICES INCORPORATED

Ref. Number: W09000030964

We have received your document for ITS SERVICES INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 409A00022948

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate na	arne adopted for the purpose of transacting busing	ness in Florida	-
2. Virginia		3		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>June 26, 1991</u>		5. Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	<u> </u>
6. January 1, 200	19			
		ess in Florida, if prior to registration) 97.1502, F.S., to determine penalty liability)		_
77450-B Boston	Boulevard Springfield, VA 22153-3121			
	(Principal office	address)		_
2677 Prosperity	Ave Suite 400 Fairfax, VA 22031			
	(Current mailing	address)	· · · · ·	_
o	ervices Support to the Federal Government			
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)	SECRETARY FALLAHASSI	-
9. Name and stree	et address of Florida registered agent: ((P.O. Box NOT acceptable)		
Name:	C T Corporation System		AAY SSH	
Office Address:	1200 South Pine Island Road		SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	Plantation	22274		
	- 1411	Florida 33324		
	(City)	, Florida (Zip code)	14 10	
Having been nam designated in this further agree to c	(City) gent's acceptance: ned as registered agent and to accept se application, I hereby accept the appoi	(Zip code) ervice of process for the above stated corporate as registered agent and agree to a serilative to the proper and complete performs position as registered agent.	oration at the act in this cap formance of i	e place acity. I
Having been nam designated in this further agree to c	(City) gent's acceptance: ned as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute with and accept the obligations of my	(Zip code) ervice of process for the above stated corporation intment as registered agent and agree to a less relative to the proper and complete perf	oration at the ect in this cap formance of t	e place acity. I

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: _____ Vice Chairman: Address: Director: Duane Andrews Address: 7918 Jones Branch Drive Suite 350 McLean, VA 22102 **B. OFFICERS** President: Jill Thompson Address: 2677 Prosperity Ave Suite 400 Fairfax, VA 22031 Vice President: Address: _ Deborah Fox Secretary: Address: 7918 Jones Branch Drive Suite 350 McLean, VA 22102 Treasurer: Thomas Weston (also CFO) Address: 7918 Jones Branch Drive Suite 350 McLean, VA 22102 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Jelye C. Suilley
(Signature of Director or Officer listed in number 12 of the application) Floyd Stilley: Assistant Secretary (Typed or printed name and capacity of person signing application)

Company of the second

.12. 'Names and business addresses of officers and/or directors:

Additional Officers:

Name: Floyd Stilley Title: Assistant Secretary

Address: 2677 Prosperity Ave Suite 400 City, State, Zip: Fairfax, VA 22031

Commontoralth & Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

ITS SERVICES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is June 27, 1991.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 22, 2009

Joel H. Peck, Clerk of the Commission