

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000548

FILED  
May 04, 2007  
Secretary of State

Entity Name: MHM CORRECTIONAL SERVICES, INC.

## Current Principal Place of Business:

1593 SPRING HILL RD., STE 610  
VIENNA, VA 22182

## New Principal Place of Business:

## Current Mailing Address:

1593 SPRING HILL RD., STE 610  
VIENNA, VA 22182

## New Mailing Address:

FEI Number: 54-1856340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

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:

Title: D ( ) Delete  
Name: FERRETTI, WILLIAM  
Address: 1593 SPRING HILL RD #610  
City-St-Zip: VIENNA, VA 22182

Title: DP ( ) Delete  
Name: WHEELER, STEVEN H  
Address: 1593 SPRING HILL RD., STE 610  
City-St-Zip: VIENNA, VA 22182

Title: CEOD ( ) Delete  
Name: PINKER, MICHAEL S  
Address: 1593 SPRINGHILL RD., STE 610  
City-St-Zip: VIENNA, VA 22182

Title: D ( ) Delete  
Name: SANDLER, MICHAEL  
Address: 1593 SPRING HILL RD., STE 610  
City-St-Zip: VIENNA, VA 22182

Title: D ( ) Delete  
Name: ROTKO, MICHAEL  
Address: 1593 SPRING HILL RD., STE 610  
City-St-Zip: VIENNA, VA 22182

Title: S ( ) Delete  
Name: RITCHEY, SUSAN D  
Address: 1593 SPRING HILL RD., STE 610  
City-St-Zip: VIENNA, VA 22182

## 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: PATRICK MCGRATH

POA

05/04/2007

Electronic Signature of Signing Officer or Director

Date