

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000869

FILED
Apr 19, 2011
Secretary of State

Entity Name: POLICY STUDIES INC.

Current Principal Place of Business:

1515 WYNKOOP STREET
SUITE 400
DENVER, CO 80202

New Principal Place of Business:

Current Mailing Address:

1515 WYNKOOP STREET
SUITE 400
DENVER, CO 80202

New Mailing Address:

FEI Number: 84-0938521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: DIR.
Name: WILLIAMS, ROBERT G
Address: 1515 WYNKOOP STREET, SUITE 400
City-St-Zip: DENVER, CO 80202

Title: CEO
Name: LAUB, MARGARET M
Address: 1515 WYNKOOP STREET, SUITE 400
City-St-Zip: DENVER, CO 80202

Title: PRES
Name: RUBIN, ERIC
Address: 1515 WYNKOOP STREET, SUITE 400
City-St-Zip: DENVER, CO 80202

Title: CFO
Name: WALLACE, CARROLL A
Address: 1515 WYNKOOP STREET, SUITE 400
City-St-Zip: DENVER, CO 80202

Title: DIR.
Name: ANDREW, COOPER
Address: 505 PARK AVENUE, 21ST FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: DIR.
Name: MACHIELS, ALEC
Address: 505 PARK AVENUE, 21ST FLOOR
City-St-Zip: NEW YORK, NY 10022

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: JON C. BOURNE

GC

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date