

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90046 016 \*\*\*150.00

**DOCUMENT # F99000005065**



1. Entity Name  
**US INVESTIGATIONS SERVICES, PROFESSIONAL  
SERVICES DIVISION, INC.**

Principal Place of Business  
**7799 LEESBURG PIKE  
SUITE 400, SOUTH TOWER  
FALLS CHURCH, VA 22043-2413**

Mailing Address  
**7799 LEESBURG PIKE  
SUITE 400, SOUTH TOWER  
FALLS CHURCH, VA 22043-2413**

2. Principal Place of Business

3. Mailing Address

**1137 Branchton Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 26**

City & State

City & State

**Annandale PA**

Zip

Country

Zip

Country

**16018-0026**

**USA**

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number

**54-1076624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GALLO, ANTHONY J  
STREET ADDRESS 7799 LEESBURG PIKE, SUITE 400 SOUTH TOWER  
CITY-ST-ZIP FALLS CHURCH, VA 220432413

TITLE VSDO ☒ Delete  
NAME KINGMAN, BARRY J  
STREET ADDRESS 1137 BRANCHTON RD  
CITY-ST-ZIP ANNANDALE, PA 160180026

TITLE VTDO ☐ Delete  
NAME SWEENEY, PHILIP  
STREET ADDRESS 1137 BRANCHTON RD  
CITY-ST-ZIP ANNANDALE, PA 160180026

TITLE PD ☐ Delete  
NAME HARPER, PHILIP  
STREET ADDRESS 1137 BRANCHTON RD  
CITY-ST-ZIP ANNANDALE, PA 160180026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSO ☐ Change ☒ Addition  
NAME WINTER, WILLIAM M.  
STREET ADDRESS 1137 BRANCHTON ROAD  
CITY-ST-ZIP ANNANDALE, PA 160180026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PDO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Philip T. Sweeney, Sr VP**

Date

**3/27/04 724-794-4498 x 815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #