

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005065

FILED  
Mar 19, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7799 LEESBURG PIKE  
SUITE 400, SOUTH  
FALLS CHURCH, VA 220432413

**New Principal Place of Business:**

**New Mailing Address:**

7799 LEESBURG PIKE  
SUITE 400, SOUTH  
FALLS CHURCH, VA 220432413

**Current Mailing Address:**

TAX DEPT 125 LINCOLN AVENUE  
GROVE CITY, PA 16127

FEI Number: 54-1076624

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: CEO  
Name: MIXON, WILLIAM C  
Address: 7799 LEESBURG PIKE, SUITE 1100  
City-St-Zip: FALLS CHURCH, VA 22043

Title: CFO  
Name: HICKS, CHARLES L  
Address: 7799 LEESBURG PIKE, SUITE 400 SOUTH  
City-St-Zip: FALLS CHURCH, VA 220432413

Title: VPS  
Name: FONTAINE, DAVID R  
Address: 7799 LEESBURG PIKE, SUITE 1100  
City-St-Zip: FALLS CHURCH, VA 220432413

Title: P  
Name: FRASER, MICHAEL  
Address: 7799 LEESBURG PIKE, SUITE 1100  
City-St-Zip: FALLS CHURCH, VA 220432413

Title: VPAS  
Name: SIMMONS, KEITH R  
Address: 7799 LEESBURG PIKE, SUITE 1100  
City-St-Zip: FALLS CHURCH, VA 220432413

Title: D  
Name: CHERKASKY, MICHAEL G  
Address: 570 LEXINGTON AVENUE, 7TH FLOOR  
City-St-Zip: NEW YORK, NY 100226711

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: DAVID R FONTAINE

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03/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date