

1.) CORPORATION NAME:

PRS, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WENDY GRADISON
1761 OLD MEADOW RD STE 100
MCLEAN, VA**

SCC ID NO: **01267657**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1761 OLD MEADOW ROAD
STE 100

CITY/ST/ZIP: MCLEAN, VA 22102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WENDY GRADISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1408 WHITLEY DR		
CITY/ST/ZIP/CO:	VIENNA, VA 22182		
NAME:	AUDREY GOLDSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1178 FOXHOUND COURT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	NICK HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	118 N PAYNE ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	FATIMA ABBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12206 GRASSY HILL COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		
NAME:	CAROLYN MCGEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	5110 ALTHEA DRIVE		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22002		
NAME:	STEPHEN PERRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2901 WILLSTON PLACE, APT. 201		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22044		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY SUPPLEY-FOXWORTH DIRECTOR 2114 OWLS COVE LANE RESTON, VA 20191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER AYERS DIRECTOR 484 WEST TAYLOR RUN PKWY ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WRIGHT DIRECTOR 18370 KINGSMILL STREET LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WENDY GRADISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WENDY GRADISON, P/CEO PRINTED NAME AND CORPORATE TITLE	6/3/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			