

1.) CORPORATION NAME:

MAXIMUS, Inc.

DUE DATE: **9/30/2010**

SCC ID NO: **01616614**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11419 SUNSET HILLS ROAD

CITY/ST/ZIP: RESTON, VA 20190-

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:	RICHARD A MONTONI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	11419 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		
NAME:	JAMES R THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 W WACKER DR		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601-		
NAME:	DAVID FRANCIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11419 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		
NAME:	DAVID N. WALKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11419 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		
NAME:	WELLINGTON E WEBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1660 LINCOLN STREET SUITE 2820		
CITY/ST/ZIP/CO:	DENVER, CO 80264-		

NAME: RAYMOND B RUDDY TITLE: DIRECTOR ADDRESS: 21 ELIOT STREET SUITE 4 CITY/ST/ZIP/CO: SOUTH NATICK, MA 01760-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RUSSELL A. BELIVEAU TITLE: DIRECTOR ADDRESS: 11419 SUNSET HILLS ROAD CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER B POND TITLE: DIRECTOR ADDRESS: 1 EAST PEDWAY CITY/ST/ZIP/CO: CHICAGO, IL 60601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARILYN R SEYMANN TITLE: DIRECTOR ADDRESS: 7651 S. COLLEGE AVENUE CITY/ST/ZIP/CO: TEMPE, AZ 85284-	<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.		
<u>/s/ DAVID FRANCIS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DAVID FRANCIS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/27/2010</u> 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.		