

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211517670

1.) CORPORATION NAME:

**MAXIMUS, Inc.**

DUE DATE: **9/30/2011**

SCC ID NO: **01616614**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000,000

**RICHMOND, VA 23219**

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD A MONTONI			
TITLE:	P/CEO			
ADDRESS:	11419 SUNSET HILLS ROAD			
CITY/ST/ZIP/CO:	RESTON, VA 20190-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID FRANCIS			
TITLE:	SECRETARY			
ADDRESS:	11419 SUNSET HILLS ROAD			
CITY/ST/ZIP/CO:	RESTON, VA 20190-			

	<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:	RAYMOND B RUDDY			
TITLE:	DIRECTOR			
ADDRESS:	21 ELIOT STREET SUITE 4			
CITY/ST/ZIP/CO:	SOUTH NATICK, MA 01760-			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marilyn R Seymann Director 7651 S. College Avenue Tempe, AZ 85284-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James R Thompson Director 35 W Wacker Dr Chicago, IL 60601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Wellington E Webb Director 1660 Lincoln Street Suite 2820 Denver, CO 80264-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David N. Walker Treasurer 11419 Sunset Hills Road Reston, VA 20190-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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>	<u>DAVID FRANCIS, SECRETARY</u>	<u>8/8/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.