

1.) CORPORATION NAME:

MAXIMUS, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **01616614**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000,000

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:	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 type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11419 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	RUSSELL A. BELIVEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11419 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	PETER B POND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 EAST PEDWAY		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		
NAME:	RAYMOND B RUDDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 ELIOT STREET		
CITY/ST/ZIP/CO:	SUITE 4 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
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
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
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/ DAVID FRANCIS	DAVID FRANCIS, SECRETARY	8/24/2012	
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.			