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| 1.) CORPORATION NAME: Data Management Services, Inc. | DUE DATE: 5/31/2012 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHIRLEY NORMAN TAYLOR 4609 PINECREST OFFICE PARK DR STE H ALEXANDRIA, VA 22312 | SCC ID NO: 05027974 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY | 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 100 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 704 LOCH NESS CIRCLE - CITY/ST/ZIP: FORT WASHINGTON, MD 20744 | |
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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.

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| NAME: BILAL M HASSAN TITLE: CEO ADDRESS: 500 N WASHINGTON ST STE 100 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 | <input checked="" type="checkbox"/> OFFICER | <input checked="" 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.

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| /s/ BILAL M HASSAN | BILAL M HASSAN, CEO | 5/25/2012 |
| 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.