

1.) CORPORATION NAME:

Apex Data Services, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SRINI VASAN
198 VAN BUREN STREET
200 PRESIDENTS PLAZA**

SCC ID NO: **05515382**

HERNDON, VA 20170

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,500,000
COMB	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 PRESIDENTS PLAZA
198 VAN BUREN ST

CITY/ST/ZIP: HERNDON, VA 20170

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:	SHASHIKANT GUPTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	198 VAN BUREN STREET		
CITY/ST/ZIP/CO:	200 PRESIDENTS PLAZA HERNDON, VA 20170		

NAME:	HASMIK AVETISYAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	198 VAN BUREN STREET		
CITY/ST/ZIP/CO:	SUITE 200 HERNDON, VA 20170		

NAME:	MARGARET BORYCZKA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/COO		
ADDRESS:	198 VAN BUREN STREET		
CITY/ST/ZIP/CO:	200 PRESIDENTS PLAZA HERNDON, VA 20170		

NAME:	MELISSA SHARAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	198 VAN BUREN STREET		
CITY/ST/ZIP/CO:	SUITE 200 HERNDON, VA 20170		

NAME:	JAMES EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	198 VAN BUREN STREET		
CITY/ST/ZIP/CO:	200 PRESIDENTS PLAZA HERNDON, VA 20170		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MUELLER DIRECTOR 198 VAN BUREN STREET 200 PRESIDENTS PLAZA HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID O'BRIEN DIRECTOR 198 VAN BUREN ST SUITE 200 HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SEAMAN DIRECTOR 198 VAN BUREN STREET 200 PRESIDENTS PLAZA HERNDON, VA 20170	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SRINI VASAN DIRECTOR 198 VAN BUREN STREET SUITE 200 HERNDON, VA 20170	<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/ MELISSA SHARAN	MELISSA SHARAN, SECRETARY	10/16/2012	
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.			