

1.) CORPORATION NAME:

Campania Shared Services Company, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **06090500**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12100 SUNSET HILLS ROAD
SUITE 300

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:	K KENDALL HUBER	
TITLE:	SR VP/GEN COUN	
ADDRESS:	440 LINCOLN ST	
CITY/ST/ZIP/CO:	WORCESTER, MA 01653-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES F CRONIN	
TITLE:	SECRETARY	
ADDRESS:	440 LINCLON ST	
CITY/ST/ZIP/CO:	WORCESTER, VA 01653-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANN K TRIPP	
TITLE:	TREASURER	
ADDRESS:	440 LINCLON ST	
CITY/ST/ZIP/CO:	WORCESTER, MA 01653-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DENNIS R SANTOLI	
TITLE:	PRESIDENT	
ADDRESS:	12100 SUNSET HILLS ROAD SUITE 300	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CYNTHIA BOOTH	
TITLE:	VICE PRESIDENT	
ADDRESS:	12100 SUNSET HILLS ROAD SUITE 300	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

NAME: ANDREW S ROBINSON TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID B GREENFIELD TITLE: VICE PRESIDENT ADDRESS: 440 LINCOLN STREET CITY/ST/ZIP/CO: WORCESTER, MA 01653-	<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.

/s/ CHARLES F CRONIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES F CRONIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/30/2012 DATE
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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.