

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213514203

1.) CORPORATION NAME:

MISSION SUPPORT SPECIALISTS, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANA LAMBE
2164 EVANS COURT
APT 103**

SCC ID NO: **06348007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FALLS CHURCH, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O Box 8857

CITY/ST/ZIP: Albuquerque, NM 87198-8857

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:	DANA R LAMBE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	P O Box 8857		
CITY/ST/ZIP/CO:	Albuquerque, NM 87198-8857		

NAME:	CAROL J NYSTROM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3901 MONTGOMERY BLVD NE #1513		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87109		

NAME:	GARY A BOSWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	51 MONROE ST STE 1900		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20850		

NAME:	JAMES NYSTROM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	115 SOUTH WASHINGTON ST P O BOX 386		
CITY/ST/ZIP/CO:	TITUSVILLE, PA 16354		

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/ DANA R LAMBE

DANA R LAMBE, PRES/DIR

3/21/2013

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.