

1.) CORPORATION NAME:

Explora Security A&E, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C. JOEL VAN OVER
1650 TYSONS BLVD 14TH FL
MCLEAN, VA 22102**

SCC ID NO: **07013675**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1420 Beverly Road
Suite 200

CITY/ST/ZIP: McLean, VA 22102

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:	FRANCIS LECARPENTER	
TITLE:	CEO	
ADDRESS:	1420 BEVERLY ROAD	
	SUITE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES MARMENT	
TITLE:	EVP	
ADDRESS:	1420 BEVERLY ROAD	
	SUITE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREW R WARTELL	
TITLE:	DIRECTOR	
ADDRESS:	1420 BEVERLY ROAD	
	SUITE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AMANDA KUHL	
TITLE:	CFO & SECRETARY	
ADDRESS:	1420 BEVERLY ROAD	
	SUITE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN MCKINNEY	
TITLE:	COO	
ADDRESS:	1420 BEVERLY ROAD	
	SUITE 200	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW VASSALLO FINANCE OFFICER 1420 BEVERLY ROAD SUITE 200 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE DORRINGTON FINANCE OFFICER 1420 BEVERLY ROAD SUITE 200 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERCEDES LECARPENTIER DIRECTOR 1420 BEVERLY ROAD SUITE 200 MCLEAN, VA 22102	<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/ JOHN MCKINNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN MCKINNEY, COO PRINTED NAME AND CORPORATE TITLE	11/15/2012 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.			