

1.) CORPORATION NAME:

MAXIMUS K-12 Education, Inc.

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **07284979**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1891 METRO CENTER DRIVE

CITY/ST/ZIP: RESTON, VA 20910

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: | KATHLEEN KERR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1891 METRO CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20910 | | |

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|-----------------|-------------------------|---|-----------------------------------|
| NAME: | PHILLIP GEIGER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1891 METRO CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20910 | | |

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|-----------------|-------------------------|---|-----------------------------------|
| NAME: | NORA PAAPE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1891 METRO CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20910 | | |

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|-----------------|-------------------------|---|-----------------------------------|
| NAME: | KEVIN REILLY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 1891 METRO CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20910 | | |

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|-----------------|-------------------------|---|-----------------------------------|
| NAME: | DAVID WALKER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 1891 METRO CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20910 | | |

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|-----------------|-------------------------|---|-----------------------------------|
| NAME: | DAVID FRANCIS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 1891 METRO CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | RESTON, VA 20910 | | |

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| NAME: ADAM POLATNICK TITLE: ASST SECRETARY ADDRESS: 1891 METRO CENTER DRIVE CITY/ST/ZIP/CO: RESTON, VA 20910 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

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|--|----------------------------------|--|
| NAME: RICHARD A MONTONI TITLE: DIRECTOR ADDRESS: 1891 METRO CENTER DRIVE CITY/ST/ZIP/CO: RESTON, VA 20190 | <input 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.

| | | |
|---|----------------------------------|------------|
| /s/ DAVID FRANCIS | DAVID FRANCIS, SECRETARY | 10/21/2015 |
| 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.