

1.) CORPORATION NAME:

**SECURITY CONSULTANTS GROUP, INC.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1223124**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,012

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13655 Dulles Technology Drive  
Suite 100

CITY/ST/ZIP: Herndon, VA 20171

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:	LESLIE KACIBAN, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13655 Dulles Technology Dr. Suite 100		
CITY/ST/ZIP/CO:	Herndon, VA 20171		

NAME:	ALBERTO GARCIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	102 Mitchell Road Suite 100		
CITY/ST/ZIP/CO:	Oak Ridge, TN 37830		

NAME:	TIMOTHY A. FRANK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	13655 Dulles Technology Dr. Suite 100		
CITY/ST/ZIP/CO:	Herndon, VA 20171		

NAME:	W. RALPH BASHAM, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6850 VERSAR CENTER SUITE 400		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22151		

NAME:	JAMES E. FREEZE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6850 VERSAR CENTER SUITE 400		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22151		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. ASA HUTCHINSON DIRECTOR 6850 VERSAR CENTER SUITE 400 SPRINGFIELD, VA 22151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS R. JOLLY DIRECTOR 6850 VERSAR CENTER SUITE 400 SPRINGFIELD, VA 22151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL G. OXLEY DIRECTOR 6850 VERSAR CENTER SUITE 400 SPRINGFIELD, VA 22151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY A. FRANK TREASURER 13655 Dulles Technology Dr Suite 100 Herndon, VA 20171	<input checked="" type="checkbox"/> OFFICER	<input 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/ TIMOTHY A. FRANK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY A. FRANK, CEO PRINTED NAME AND CORPORATE TITLE	7/11/2012 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.			