

1.) CORPORATION NAME:

SECURITY CONSULTANTS GROUP, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1223124**

GLEN ALLEN, VA

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.		
CITY/ST/ZIP/CO:	SUITE 100 HERNDON, VA 20171		

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

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

NAME:	LESLIE KACIBAN, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13655 DULLES TECHNOLOGY DRIVE, 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 TITLE: DIRECTOR ADDRESS: 6850 VERSAR CENTER SUITE 400 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: W. ASA HUTCHINSON TITLE: DIRECTOR ADDRESS: 6850 VERSAR CENTER SUITE 400 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS R. JOLLY TITLE: DIRECTOR ADDRESS: 6850 VERSAR CENTER SUITE 400 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL G. OXLEY TITLE: DIRECTOR ADDRESS: 6850 VERSAR CENTER SUITE 400 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151	<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/ LESLIE KACIBAN, JR.	LESLIE KACIBAN, JR., PRESIDENT	7/12/2013
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.		