

1.) CORPORATION NAME:

**Global Experience Specialists, Inc.**

DUE DATE: **4/30/2012**

SCC ID NO: **F1226507**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 950 GRIER DR.

CITY/ST/ZIP: LAS VEGAS, NV 89119-

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: STEVEN W MOSTER  
TITLE: PRESIDENT  
ADDRESS: 950 GRIER DRIVE  
CITY/ST/ZIP/CO: LAS VEGAS, NV 89119-

OFFICER

DIRECTOR

NAME: WILLIAM C DOOLITTLE  
TITLE: EXEC VP  
ADDRESS: 6363 N. STATE HWY 161  
STE 650  
CITY/ST/ZIP/CO: IRVING, TX 75038-

OFFICER

DIRECTOR

NAME: DEBORAH J DEPAOLI  
TITLE: SECRETARY  
ADDRESS: 1850 N CENTRAL, STE 1900  
CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565

OFFICER

DIRECTOR

NAME: PAUL B DYKSTRA  
TITLE: CHAIRMAN/CEO  
ADDRESS: 1850 N. CENTRAL, STE 1900  
CITY/ST/ZIP/CO: PHOENIX, AR 85004-4565

OFFICER

DIRECTOR

NAME: GLENN MICHAEL LATTA  
TITLE: ASST SEC  
ADDRESS: 1850 N CENTRAL, STE 1900  
CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565

OFFICER

DIRECTOR

NAME: SARAH LANG TITLE: ASST SECRETARY ADDRESS: 1850 N. CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ELLEN M INGERSOLL TITLE: VICE PRESIDENT ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ELYSE A NEWMAN TITLE: TREASURER ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DAVID SWANBERG TITLE: EXEC DIRECTOR ADDRESS: 950 GRIER DRIVE CITY/ST/ZIP/CO: LAS VEGAS, NV 89119-	<input checked="" type="checkbox"/> OFFICER	<input 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/ SARAH LANG	SARAH LANG, ASST SECRETARY	2/28/2012
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.