

1.) CORPORATION NAME:

**Global Experience Specialists, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1226507**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7000 LINDELL RD

CITY/ST/ZIP: LAS VEGAS, NV 89118

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: 7000 LINDELL RD CITY/ST/ZIP/CO: LAS VEGAS, NV 89118	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM C DOOLITTLE TITLE: EXEC VP ADDRESS: 6363 N. STATE HWY 161 STE 650 CITY/ST/ZIP/CO: IRVING, TX 75038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME: DEBORAH J DEPAOLI TITLE: SECRETARY ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLENN MICHAEL LATTA TITLE: ASST SEC ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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

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	
NAME: PAUL B DYKSTRA TITLE: CHAIRMAN/CEO ADDRESS: 1850 N. CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AR 85004-4565	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARAH LANG, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/3/2013 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.		