

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Global Experience Specialists, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1226507**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: 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.

<p>NAME: STEVEN W MOSTER TITLE: PRESIDENT ADDRESS: 7000 LINDELL RD CITY/ST/ZIP/CO: LAS VEGAS, NV 89118</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ELLEN M INGERSOLL TITLE: VICE PRESIDENT ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ELYSE A NEWMAN TITLE: TREASURER ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DEBORAH J DEPAOLI TITLE: SECRETARY ADDRESS: 1850 N CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AZ 85004-4565</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL B DYKSTRA TITLE: CHAIRMAN/CEO ADDRESS: 1850 N. CENTRAL, STE 1900 CITY/ST/ZIP/CO: PHOENIX, AR 85004-4565</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID SWANBERG TITLE: EXEC DIRECTOR ADDRESS: 7150 S TENAYA WAY CITY/ST/ZIP/CO: LAS VEGAS, NV 89113</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LESLIE S STRIEDEL TITLE: CHIEF ACCTG 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: DIANA L WATSON 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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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 SSTRIEDEL	LESLIE SSTRIEDEL,	6/24/2014
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.