

1.) CORPORATION NAME:

PAE Government Services, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **F1364845**

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2677 PROSPERITY AVENUE
STE 700

CITY/ST/ZIP: FAIRFAX, VA 22031-

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: MICHAEL A DIGNAM
TITLE: PRESIDENT
ADDRESS: 1525 WILSON BLVD STE 900
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: ROBERT A VOLPI
TITLE: VP & CFO
ADDRESS: 1525 WILSON BLVD STE 900
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: TINA M DOLPH
TITLE: VICE PRESIDENT
ADDRESS: 2677 PROSPERITY AVE STE 700
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: NETTIE A HORNE
TITLE: SECRETARY
ADDRESS: 2677 PROSPERITY AVE STE 700
CITY/ST/ZIP/CO: FAIRFAX, VA 22031-

OFFICER

DIRECTOR

NAME: BRIAN K GORKA
TITLE: ASST TREASURER
ADDRESS: 1525 WILSON BLVD STE 900
CITY/ST/ZIP/CO: ARLINGTON, VA 22209-

OFFICER

DIRECTOR

NAME: GREGORY HAYMON TITLE: ASST TREASURER ADDRESS: 2677 PROSPERITY AVE STE 700 CITY/ST/ZIP/CO: FAIRFAX, VA 22031-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHANIE N FINN TITLE: ASST SECRETARY ADDRESS: 2677 PROSPERITY AVE STE 700 CITY/ST/ZIP/CO: FAIRFAX, VA 22031-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LUKE PINGEL TITLE: ASST SECRETARY ADDRESS: 2677 PROSPERITY AVE STE 700 CITY/ST/ZIP/CO: FAIRFAX, VA 22031-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LYNN WASYLINA TITLE: ASST TREASURER ADDRESS: 2677 PROSPERITY AVE STE 700 CITY/ST/ZIP/CO: FAIRFAX, VA 22031-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KAROLYN GARDNER TITLE: ASST SECRETARY ADDRESS: 2677 PROSPERITY AVE STE 700 CITY/ST/ZIP/CO: FAIRFAX, VA 22031-	<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/ STEPHANIE N FINN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHANIE N FINN, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
12/2/2011 _____ 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.	