

1.) CORPORATION NAME:

**Public Communications Services, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI INCORP SERVICES, INC.**  
**7288 HANOVER GREEN DRIVE**  
**MECHANICSVILLE, VA 23111**

DUE DATE: **10/31/2011**

SCC ID NO: **F1456385**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12021 SUNSET HILLS ROAD  
SUITE 100

CITY/ST/ZIP: RESTON, VA 20190-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN OLIVER	
TITLE:	PRESIDENT	
ADDRESS:	12021 SUNSET HILLS ROAD SUITE 100	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERESA L RIDGEWAY	
TITLE:	SECRETARY	
ADDRESS:	2609 CAMERON STREET	
CITY/ST/ZIP/CO:	MOBILE, AL 36607-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HUGH D EVANS	
TITLE:	ASST SECRETARY	
ADDRESS:	12021 SUNSET HILLS ROAD SUITE 100	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES STEPHEN YOW	
TITLE:	TREASURER	
ADDRESS:	2609 CAMERON STREET	
CITY/ST/ZIP/CO:	MOBILE, AL 36607-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT B MCKEON	
TITLE:	DIRECTOR	
ADDRESS:	12021 SUNSET HILLS ROAD SUITE 100	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

NAME: RAMZI M MUSALLAM TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS J CARELLA TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL J MEEHAN, II TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RYAN LIMAYE TITLE: DIRECTOR ADDRESS: 12021 SUNSET HILLS ROAD SUITE 100 CITY/ST/ZIP/CO: RESTON, VA 20190-	<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/ TERESA L RIDGEWAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERESA L RIDGEWAY, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/26/2011 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.		