

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214546487

1.) CORPORATION NAME:

Public Communications Services, Inc.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

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 type="checkbox"/> DIRECTOR
NAME:	JEFFERY B HAIDINGER	
TITLE:	PRESIDENT	
ADDRESS:	12021 SUNSET HILLS ROAD SUITE 100 RESTON, VA 20190	
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 MOBILE, AL 36607	
CITY/ST/ZIP/CO:	MOBILE, AL 36607	

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

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

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

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

NAME: BRIAN OLIVER 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: KEVIN PENN 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: PAUL ROSSETTI 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	10/14/2014 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.		