

1.) CORPORATION NAME:

EnergySolutions Services, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD,
SUITE 301**

SCC ID NO: **F1511171**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 423 W 300 SOUTH
STE 200

CITY/ST/ZIP: SALT LAKE CITY, UT 84101

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: | MARK MORANT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 423 WEST 300 SOUTH | | |
| | STE. 200 | | |
| CITY/ST/ZIP/CO: | SALT LAKE CITY, UT 84101 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| NAME: | ASSEF AZADEH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 423 WEST 300 SOUTH | | |
| | STE. 200 | | |
| CITY/ST/ZIP/CO: | SALT LAKE CITY, UT 84101 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| NAME: | MARK H. CLEMENTS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 423 WEST 300 SOUTH | | |
| | STE. 200 | | |
| CITY/ST/ZIP/CO: | SALT LAKE CITY, UT 84101 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| NAME: | WILLIAM A. DIDGEON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 423 WEST 300 SOUTH | | |
| | STE 200 | | |
| CITY/ST/ZIP/CO: | SALT LAKE CITY, UT 84101 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| NAME: | TROY L. ESHLEMAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 423 WEST 300 SOUTH | | |
| | STE. 200 | | |
| CITY/ST/ZIP/CO: | SALT LAKE CITY, UT 84101 | | |

| | |
|---|---|
| NAME: ALFRED N. JOHNSON TITLE: VICE PRESIDENT ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: WILLIAM KARL FARNSWORTH TITLE: TREASURER ADDRESS: 423 W 300 SOUTH STE 200 CITY/ST/ZIP/CO: SLC, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: HEIDI NAKAISHI TITLE: ASST S ADDRESS: 423 W 300 SOUTH STE 200 CITY/ST/ZIP/CO: SLC, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: DAMON F ANDERSON TITLE: ASST SECRETARY ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: WILLIAM R BENZ TITLE: CFO ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: VAL J. CHRISTENSEN TITLE: CEO ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: CHRISTIAN S. ROBINSON TITLE: CONTROLLER ADDRESS: 423 WEST 300 SOUTH STE 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: VAL J CHRISTIANSEN TITLE: DIRECTOR ADDRESS: 423 W 300 SOUTH STE 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARK MORANT TITLE: DIRECTOR ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 | <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/ DAMON F ANDERSON | DAMON F ANDERSON, ASST | 5/16/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY 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.