

1.) CORPORATION NAME:

JMA Services Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES D CHEEK
JOHN MILNER ASSOC INC
5250 CHEROKEE AVE STE 300**

SCC ID NO: **F1548223**

ALEXANDRIA, VA 22312

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 535 NORTH CHURCH STREET

CITY/ST/ZIP: WEST CHESTER, PA 19380

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: ALLAN H STEENHUSEN TITLE: CEO/PRESIDENT ADDRESS: 535 NORTH CHURCH ST CITY/ST/ZIP/CO: WEST CHESTER, PA 19380</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KATHRYN L BOWERS TITLE: VP/S ADDRESS: 535 NORTH CHURCH ST CITY/ST/ZIP/CO: WEST CHESTER, PA 19380</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES D CHEEK TITLE: VICE PRESIDENT ADDRESS: 5250 CHEROKEE AVENUE SUITE 300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN K MOTT TITLE: VICE PRESIDENT ADDRESS: 5250 CHEROKEE AVENUE SUITE 300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS L STRUTHERS TITLE: VP/TREAS ADDRESS: 535 NORTH CHURCH STREET CITY/ST/ZIP/CO: WEST CHESTER, PA 19380</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH F BALICKI TITLE: DIRECTOR ADDRESS: 5250 CHEROKEE AVENUE SUITE 300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WADE P CATTS TITLE: DIRECTOR ADDRESS: 535 NORTH CHURCH ST CITY/ST/ZIP/CO: WEST CHESTER, PA 19380	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOEL I KLEIN TITLE: DIRECTOR ADDRESS: 1 CROTON POINT AVENUE CITY/ST/ZIP/CO: SUITE B CROTON-ON-HUDSON, NY 10520	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES S RAITH TITLE: DIRECTOR ADDRESS: 471 WEST MAIN STREET CITY/ST/ZIP/CO: SUITE 200 LOUISVILLE, KY 40202	<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/ KATHRYN L BOWERS	KATHRYN L BOWERS, VP/S	5/7/2012
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.		