

1.) CORPORATION NAME: <b>Parsons Technical Services Inc.</b>	DUE DATE: <b>5/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1549478</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 WEST WALNUT ST  
CITY/ST/ZIP: PASADENA, CA 91124

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.

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|---|---|--|--|
| NAME: MARY ANN HOPKINS<br>TITLE: PRESIDENT<br>ADDRESS: 100 M STREET SE<br>CITY/ST/ZIP/CO: WASHINGTON, DC 30003                      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
| NAME: MICHAEL ZIKA<br>TITLE: SEN VP<br>ADDRESS: 100 WEST WALNUT ST<br>CITY/ST/ZIP/CO: PASADENA, CA 91124                            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |  |
| NAME: CLYDE ELLIS<br>TITLE: SECRETARY<br>ADDRESS: 100 M ST, SE, STE 1200<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20003                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |  |
| NAME: CARLTON E. WILLIAMS<br>TITLE: ASST SECRETARY<br>ADDRESS: 16055 SPACE CENTER BLVD STE 725<br>CITY/ST/ZIP/CO: HOUSTON, TX 77062 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |  |
| NAME: GEORGE L BALL<br>TITLE: TREASURER<br>ADDRESS: 100 W WALNUT ST<br>CITY/ST/ZIP/CO: PASADENA, CA 91124                           | <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/ CARLTON E. WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLTON E. WILLIAMS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	7/22/2014 DATE
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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.