

1.) CORPORATION NAME:

IAP Worldwide Services, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1586751**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	11,000,000
COMB	2,000,000
PREFER	7,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7315 N ATLANTIC AVE

CITY/ST/ZIP: CAPE CANAVERAL, FL 32920-

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: ROBERT L PHILLIPS
TITLE: PRESIDENT
ADDRESS: 7315 N. ATLANTIC AVE.
CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920-

OFFICER

DIRECTOR

NAME: KENT D BROSTROM
TITLE: VP/S
ADDRESS: 7315 N ATLANTIC AVE
CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920-

OFFICER

DIRECTOR

NAME: JAMES DUFFY
TITLE: VICE PRESIDENT
ADDRESS: 7315 N. ATLANTIC AVE.
CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920-

OFFICER

DIRECTOR

NAME: DAVID JACKSON
TITLE: VICE PRESIDENT
ADDRESS: 7315 N. ATLANTIC AVE.
CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920-

OFFICER

DIRECTOR

NAME: MICHELLE TREPANIER
TITLE: ASST SEC
ADDRESS: 7315 N. ATLANTIC AVE.
CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES D PEIFFER TREASURER 7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOYLE E MC BRIDE VICE CHAIRMAN 512 STUCKS POINT ROAD CHAPIN, SC 29036-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN F GAFFNEY CHAIRMAN DYN CORP. INTERNATIONAL 3190 FAIRVIEW DR., STE 700 FALLS CHURCH, VA 22042-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A BENJAMIN DIRECTOR 357 CLARKSVILLE RD PRINCETON JUNCTION, NJ 08550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEN (RET) MIKE HAGEE DIRECTOR 966 CORAL DRIVE PEBBLE BEACH, CA 93953-2503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW HERENSTEIN DIRECTOR MONARCH ALTERNATIVE CAPITAL 535 MADISON AVE. NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEN (RET) GEORGE JOULWAN DIRECTOR ONE TEAM INC. 2107 S. ARLINGTON RIDGE ROAD ARLINGTON, VA 22202-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE K KOLLITIDES DIRECTOR CERBERUS CAPITAL MGMT 299 PARK AVE., 22ND FLOOR NEW YORK, NY 10171-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN QUAYLE DIRECTOR CERBERUS CAPITAL MGMT 299 PARK AVE., 22ND FLOOR NEW YORK, NY 10171-	<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.			

<u>/s/ KENT D BROSTROM</u>	<u>KENT D BROSTROM, VP/S</u>	<u>5/20/2011</u>
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.