

1.) CORPORATION NAME:

IAP Worldwide Services, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1586751**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J SPENCER WICKHAM JR PRESIDENT 7315 N ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROCHELLE L COOPER VP/S 7315 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES DUFFY VICE PRESIDENT 7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE TREPANIER ASST SEC 7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN T STEWART DIRECTOR 7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA GRAY DIRECTOR 7315 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVEN F. GAFFNEY TITLE: DIRECTOR ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAN QUAYLE TITLE: DIRECTOR ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL CARNS TITLE: DIRECTOR ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEN (RET) GEORGE A. JOULWAN TITLE: DIRECTOR ADDRESS: 7315 N. ATLANTIC AVE CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID A. BENJAMIN TITLE: DIRECTOR ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES D. PEIFFER TITLE: TREASURER ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID W. JACKSON TITLE: VICE PRESIDENT ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<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/ MICHELLE TREPANIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE TREPANIER, ASST SEC PRINTED NAME AND CORPORATE TITLE	4/23/2013 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.		