

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

IAP Worldwide Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1586751**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

<p>NAME: J SPENCER WICKHAM JR TITLE: PRESIDENT ADDRESS: 7315 N ATLANTIC AVENUE CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ROCHELLE L COOPER TITLE: VP/S ADDRESS: 7315 N ATLANTIC AVE CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES DUFFY TITLE: VICE PRESIDENT ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID W. JACKSON TITLE: VICE PRESIDENT ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHELLE TREPANIER TITLE: ASST SEC ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ALAN S. MOORE TITLE: CFO ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920</p>	<input checked="" type="checkbox"/> OFFICER <input 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: 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: LISA GRAY 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: JOHN SAWYER 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: 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: EUGENE I. DAVIS TITLE: DIRECTOR ADDRESS: 7315 N. ATLANTIC AVE. CITY/ST/ZIP/CO: CAPE CANAVERAL, FL 32920	<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/ ROCHELLE L COOPER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROCHELLE L COOPER, VP/S PRINTED NAME AND CORPORATE TITLE	6/16/2014 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.		