

1.) CORPORATION NAME:

**DynCorp (Parent) International Inc. (USED IN VABY:
DYNCORP INTERNATIONAL INC.)**

DUE DATE: **9/30/2012**

SCC ID NO: **F1643719**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	200,000,000
COMB	32,000,000
PREFER	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3190 FAIRVIEW PARK DR ST-350

CITY/ST/ZIP: FALLS CHURCH, VA 22042

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:	STEVEN F GAFFNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/COB		
ADDRESS:	3190 FAIRVIEW PARK DR		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	GREGORY S NIXON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3190 FAIRVIEW PARK DR.		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	RONALD A HARVOT JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREAS		
ADDRESS:	13601 N FREEWAY		
CITY/ST/ZIP/CO:	FT WORTH, TX 76177		

NAME:	WILLIAM T KANSKY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3190 FAIRVIEW PARK DR.		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	MICHAEL W HAGEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3190 FAIRVIEW PARK DR		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME:	W. BRETT INGERSOLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3190 FAIRVIEW PARK DR		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		

NAME: JOHN H TILELLI TITLE: DIRECTOR ADDRESS: 3190 FAIRVIEW PARK DR CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHRISTOPHER PORTER TITLE: TREASURER ADDRESS: 13601 N. FREEWAY CITY/ST/ZIP/CO: FORT WORTH, TX 76177	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ RONALD A HARVOT JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD A HARVOT JR, ASST TREAS PRINTED NAME AND CORPORATE TITLE	9/21/2012 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.