

1.) CORPORATION NAME:

**COMMAND SECURITY CORPORATION**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1787144**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 512 Herndon Parkway, Suite A

CITY/ST/ZIP: Herndon, VA 20170

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:	BARRY REGENSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14 CAIL DRIVE		
CITY/ST/ZIP/CO:	EAST ROCKAWAY, NY 11518		
NAME:	JOHN CHESNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	579 WAINWRIGHT AVE.		
CITY/ST/ZIP/CO:	STATEN ISLAND, NY 10312		
NAME:	JOSEPH CONLON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	131 PALOS VERDES BLVD.		
CITY/ST/ZIP/CO:	APT. #207 REDONDO BEACH, CA 90277		
NAME:	JOHN C REED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	245 STAFFORD ROAD		
CITY/ST/ZIP/CO:	HOLLAND, MA 01521		
NAME:	PETER KIKIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1067 FIFTH AVENUE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10128		
NAME:	CRAIG P. COY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	18436 LANIER ISLAND SQUARE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME: JAMES HEFFERNAN TITLE: DIRECTOR ADDRESS: 167 ROUTE 343 CITY/ST/ZIP/CO: MILLBROOK, NY 12545	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS KIKIS TITLE: DIRECTOR ADDRESS: 1045 FIFTH AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANET STEINMAYER TITLE: DIRECTOR ADDRESS: 7 NAWTHORNE ROAD CITY/ST/ZIP/CO: OLD GREENWICH, CT 06870	<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/ CRAIG P. COY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG P. COY, CEO PRINTED NAME AND CORPORATE TITLE	2/20/2013 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.		