

1.) CORPORATION NAME:

**U. S. Security Associates Aviation Services, Inc.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1897091**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 Mansell Ct. East  
Suite 500

CITY/ST/ZIP: Roswell, GA 30076

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: Joseph V. LoBianco TITLE: PRESIDENT ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Karl J. Scott TITLE: TREASURER ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Joseph Mateo TITLE: VICE PRESIDENT ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Keith I. Oringer TITLE: VICE PRESIDENT ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: L. J. Paul Lutz TITLE: SECRETARY ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: Charles R. Schneider TITLE: DIRECTOR ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kenneth W. Oringer TITLE: DIRECTOR ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ann Berry TITLE: DIRECTOR ADDRESS: 200 Mansell Ct. East Ste. 500 CITY/ST/ZIP/CO: Roswell, GA 30076	<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/ L. J. PaulLutz	L. J. PaulLutz,	4/29/2014
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.		