STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
129268	US Investigations Services, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	INVESTIGATIVE SERVICES

5. Principal office address	City	State	Zip
7799 LEESBURG PIKE SUITE 1100 W	FALLS CHURCH	VA	22043-2413

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
LaRue Enright	DIRECTOR OF TAX

Street Address	City	State	Zip
7799 LEESBURG PIKE SUITE 1100 W	"	VA	22043-2413

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
US INVESTIGATIONS SERVICES, INC	
Street Address	Street Address
7799 LEESBURG PIKE SUITE 1100 W	
City / State / Zip	City / State / Zip
FALLS CHURCH VA 22043-2413	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
CORPORATION SERVICE COMPANY		
Address	City	Zip
222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] [redacted]

129268

File Date 11/16/05
Check No. 20502286
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

X [signature] X 11/2/05
Signature of Authorized Person *Date*

WILLIAM CULL VP AND Corporate Secretary
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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DELAWARE	Investigative Services

5. Principal office address	City	State	Zip
1137 Branchton Road	Annandale	PA	16018-0026

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
LaRue Enright	Director of Tax

Street Address	City	State	Zip
1137 Branchton Road	Annandale	PA	16018-0026

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Manager Name	Street Address	City	State	Zip
US Investigations Services, Inc.	1137 Branchton Road	Annandale	PA	16018-0026
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*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted]

* 1 2 9 2 6 8 *

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

x [signature] x 10/23/04
Signature of Authorized Person *Date*

[redacted] Philip T. Sweeney, Sr VP/CFO for US Investigations Services, Inc.
Print or Type Name of Authorized Person

File Date 12/20/04
Check No. 2033002
By VS

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

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