State of New Hampshire
2012 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.
REPORT DUE BY April 1, 2012
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/06/2012
Business ID: 388275
William M. Gardner
Secretary of State

AMERICOM GOVERNMENT SERVICES, INC.

2010 CORPORATE RIDGE, STE 550
MCLEAN, VA 22102

ENTITY TYPE: CORPORATION
BUSINESS ID: 388275
STATE OF DOMICILE: DELAWARE

U.S. GOVERNMENT CONTRACTOR

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ADDRESS OF PRINCIPAL OFFICE:
2010 CORPORATE RIDGE
MCLEAN, VA 22102

REGISTERED AGENT AND OFFICE:
C T CORPORATION SYSTEM
9 CAPITOL ST
CONCORD, NH 03301

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

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OFFICERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Robert T. Osterthaler**
STREET **2010 Corporate Ridge Road**
CITY/STATE/ZIP **McLean Va 22102**
SEC'Y. **John Strand**
STREET **2010 Corporate Ridge**
CITY/STATE/ZIP **McLean Va 22102**
OTHE. **Rick Minter**
STREET **2010 Corporate Ridge Road**
CITY/STATE/ZIP **McLean VA 22102**
NAME .....
STREET .....
CITY/STATE/ZIP

BOARD OF DIRECTORS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Rick Minter**
STREET **2010 Corporate Ridge Road**
CITY/STATE/ZIP **McLean VA 22102**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Robert Carr**

Please print name and title of signer: **Robert Carr** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

038827520121009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529