

SCC eFile	2019 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	219544872				
1.) CORPORATION NAME: MAXIMUS Human Services, Inc.	DUE DATE: 11/30/2019					
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY 100 Shockoe Slip Fl 2 Richmond, VA	SCC ID NO: 06681746					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION					
4.) STATE OR COUNTRY OF INCORPORATION: VA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000</td> </tr> </tbody> </table>		CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 1891 METRO CENTER DRIVE						
CITY/ST/ZIP: RESTON, VA 20190						
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: KATHLEEN KERR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: PRESIDENT						
ADDRESS: 1891 METRO CENTER DRIVE						
CITY/ST/ZIP/CO: RESTON, VA 20190						
NAME: BRUCE P. PERKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: VICE PRESIDENT						
ADDRESS: 1891 METRO CENTER DRIVE						
CITY/ST/ZIP/CO: RESTON, VA 20190						
NAME: KEVIN REILLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: TREASURER						
ADDRESS: 1891 METRO CENTER DRIVE						
CITY/ST/ZIP/CO: RESTON, VA 20190						
NAME: AKBAR PILOTI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: GM/DIRECTOR						
ADDRESS: 1891 METRO CENTER DRIVE						
CITY/ST/ZIP/CO: RESTON, VA 20190						
NAME: DAVID R. FRANCIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: SECRETARY						
ADDRESS: 1891 METRO CENTER DRIVE						
CITY/ST/ZIP/CO: RESTON, VA 20190						
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/ DAVID R. FRANCIS	DAVID R. FRANCIS, SECRETARY	10/23/2019				
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.						