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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 179709</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2013</b>                                                                                                                                                                      |          | <b>2. Registered Agent and Address (NO PO BOX)</b>                                  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GLOBALOPTIONS, INC.<br>JEFFREY O NYWEIDE<br>415 MADISON AVENUE<br>17TH FLOOR<br>NEW YORK NY 10017<br>USA |          | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>USA |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                            |          | 3. <u>New</u> Registered Agent Signature:*                                          |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                                                                            |          |                                                                                     |         |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                                                                       | City     | State                                                                               | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | HARVEY W SCHILLER | 415 MADISON AVENUE 17TH FLOOR                                                                                                                                                                              | NEW YORK | NY                                                                                  | USA     | 10017       |  |
| SECRETARY                                                                                                                                              | JEFFREY O NYWEIDE | 415 MADISON AVENUE 17TH FLOOR                                                                                                                                                                              | NEW YORK | NY                                                                                  | USA     | 10017       |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>C 179709</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: John Van Buiten<br>Name (type or print): John Van Buiten<br>Date: 08/26/2013<br>Title: Accountant                                                          |          |                                                                                     |         |             |  |
| Processed 08/26/2013                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                  |          |                                                                                     |         |             |  |