

1.) CORPORATION NAME: ALLIANCE CONTROL SYSTEMS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LAWRENCE D LACERRA 1521 WATERSIDE DR CHESAPEAKE, VA 23320 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 2/28/2013 SCC ID NO: 04051157 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1521 WATERSIDE DRIVE CITY/ST/ZIP: CHESAPEAKE, VA 23320

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: LAWRENCE D LA CERRA TITLE: PRESIDENT ADDRESS: 1521 WATERSIDE DR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: BONNIE S LA CERRA TITLE: SECRETARY ADDRESS: 1521 WATERSIDE DR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ BONNIE S LA CERRA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BONNIE S LA CERRA, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/28/2013 DATE
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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.