

1.) CORPORATION NAME:

ADVANCED TECHNOLOGY SYSTEMS, INC.

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **04239869**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	75,000,000
COMB	75,000,000
PREFER	50,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7925 JONES BRANCH DRIVE
4TH FL

CITY/ST/ZIP: MCLEAN, VA 22102-

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: JOEL JACKS OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 7925 JONES BRANCH DR
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

NAME: PETER M SCHULTE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 7925 JONES BRANCH DRIVE
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

NAME: PAMELA A. LITTLE OFFICER DIRECTOR
TITLE: CO-CEO/CFO
ADDRESS: 7925 JONES BRANCH DR
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

NAME: KEVIN FLANNERY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 7925 JONES BRANCH DRIVE
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

NAME: ANITA JONES OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 7925 JONES BRANCH DRIVE
CITY/ST/ZIP/CO: MCLEAN, VA 22102-

NAME: ED SMITH TITLE: DIRECTOR ADDRESS: 7925 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: JIM SWARTWOUT TITLE: DIRECTOR ADDRESS: 7925 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: ED BERSOFF TITLE: CHAIRMAN ADDRESS: 7925 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JOHN HASSOUN TITLE: CO-CEO ADDRESS: 7925 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: JOANN O'CONNELL TITLE: SECRETARY ADDRESS: 7925 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

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/ JOANN O'CONNELL	JOANN O'CONNELL, SECRETARY	3/29/2011
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.