

1.) CORPORATION NAME:

ADVANCED TECHNOLOGY SYSTEMS, INC.

DUE DATE: **3/31/2012**

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: 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
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: PAMELA A. LITTLE TITLE: CO-CEO/CFO ADDRESS: 7925 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input 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: KEVIN FLANNERY TITLE: DIRECTOR ADDRESS: 7925 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOEL JACKS TITLE: DIRECTOR ADDRESS: 7925 JONES BRANCH DR CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANITA JONES TITLE: DIRECTOR ADDRESS: 7925 JONES BRANCH DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER M SCHULTE 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 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
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/ PAMELA A. LITTLE	PAMELA A. LITTLE, CO-CEO/CFO
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE
	3/14/2012
	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.	