

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214516069
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1.) CORPORATION NAME: <b>ADVANCED TECHNOLOGY SYSTEMS, INC.</b>	DUE DATE: <b>3/31/2014</b>								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL CORPORATE RESEARCH, LTD.          250 BROWNS HILL COURT          MIDLOTHIAN, VA</b>	SCC ID NO: <b>04239869</b>								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	5.) STOCK INFORMATION <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>COMA</td> <td style="text-align: right;">75,000,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: right;">75,000,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: right;">50,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	75,000,000	COMB	75,000,000	PREFER	50,000,000
CLASS	AUTHORIZED								
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COMB	75,000,000								
PREFER	50,000,000								
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>									

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: Ted Dunn TITLE: CFO & Secretary ADDRESS: 4000 LEGATO ROAD, SUITE 600 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: Williams Parker TITLE: COO ADDRESS: 4000 LEGATO ROAD, SUITE 600 CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: Brad Antle TITLE: PRESIDENT ADDRESS: 4000 Legato Rd-Suite 600 CITY/ST/ZIP/CO: Fairfax, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: Brad Antle TITLE: CEO ADDRESS: 4000 Legato Rd-Suite 600 CITY/ST/ZIP/CO: Fairfax, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: Ray Oleson TITLE: Chair of Board ADDRESS: 4000 Legato Rd-Suite 600 CITY/ST/ZIP/CO: Fairfax, VA 22033	<input checked="" type="checkbox"/>	OFFICER	<input 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/ Ted Dunn	Ted Dunn, CFO & Secretary	3/26/2014
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.