

1.) CORPORATION NAME: INTEGRITY AUDIO SYSTEMS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OLEN D BURKHOLDER 1043 STUART STREET HARRISONBURG, VA	DUE DATE: 2/29/2016 SCC ID NO: 05164660 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				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1043 STUART STREET CITY/ST/ZIP: HARRISONBURG, VA 22802

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: OLEN D BURKHOLDER TITLE: PRES/TREAS ADDRESS: 1043 STUART STREET CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NORMA J BURKHOLDER TITLE: VP/SEC ADDRESS: 1043 STUART STREET CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input 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/ OLEN D BURKHOLDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OLEN D BURKHOLDER, PRES/TREAS PRINTED NAME AND CORPORATE TITLE	2/23/2016 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.