

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216502661
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1.) CORPORATION NAME: <b>IPS Corporation, PC</b>	DUE DATE: <b>2/29/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ALBERT H POOLE 4705 COLUMBUS ST VIRGINIA BEACH, VA</b>	SCC ID NO: <b>05917554</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 435 OLD TOWN CT  CITY/ST/ZIP: ALEXANDRIA, VA 22314	
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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: DR. WILLIAM T BERSING DM, PE TITLE: P/CEO ADDRESS: 435 OLD TOWN CT. CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-9999	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DON BERSING TITLE: VP/SEC/TREAS ADDRESS: C/O 761 ALLIANCE DRIVE #215 CITY/ST/ZIP/CO: VA BEACH, VA 23454	<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/ DR. WILLIAM T BERSING DM, PE	DR. WILLIAM T BERSING DM, PE, P/CEO	1/19/2016
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.