

1.) CORPORATION NAME: ASF Systems, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ASIF OMAR 8515 BAUER DRIVE STE 11 SPRINGFIELD, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 1/31/2014 SCC ID NO: 07596174 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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8515 Bauer Drive Suite 11 CITY/ST/ZIP: Springfield, VA 22152
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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: ASIF OMAR TITLE: DIRECTOR ADDRESS: 8515 BAUER DR STE 11 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ASIF OMAR TITLE: PRESIDENT ADDRESS: 8515 BAUER DR STE 11 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<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/ ASIF OMAR	ASIF OMAR, DIRECTOR	2/22/2014
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.