

1.) CORPORATION NAME:

DIGITAL TRAFFIC SYSTEMS, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1468299**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	70,000,000
PREFER	6,401,907

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11056 Air Park Rd

CITY/ST/ZIP: Ashland, VA 23005

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.

<p>NAME: PETER L KEEN TITLE: PRESIDENT ADDRESS: 11056 Air Park Rd CITY/ST/ZIP/CO: Ashland, VA 23005</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANDREW KAMM TITLE: VICE PRESIDENT ADDRESS: 6020 Academy Rd NE Suite 202 CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87109</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID NEWMAN TITLE: VICE PRESIDENT ADDRESS: 11056 Air Park Rd CITY/ST/ZIP/CO: Ashland, VA 23005</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD T HOKE TITLE: CEO ADDRESS: 441 S. 48th Street Suite 107 CITY/ST/ZIP/CO: Tempe, AZ 85281</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TODD A GOERGEN TITLE: CHAIRMAN ADDRESS: 6020 Academy Rd NE Suite 202 CITY/ST/ZIP/CO: Albuquerque, NM 87109</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID L DURGIN TITLE: DIRECTOR ADDRESS: 6020 Academy Rd NE Suite 202 CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87109</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DAVID EKERN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6020 Academy Rd NE		
	Suite 202		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87109		

NAME:	JONATHAN D SHAPIRO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6020 Academy Rd NE		
	Suite 202		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87109		

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/ ANDREW KAMM	ANDREW KAMM, VICE	3/7/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.