

1.) CORPORATION NAME:

**Environmental Systems Products Holdings Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

DUE DATE: **10/31/2011**

SCC ID NO: **F1527797**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,000,000
PREF A	150,000
PREF B	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7 KRIPES ROAD

CITY/ST/ZIP: EAST GRANBY, CT 06026-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J SCOTT HAFTMANN	
TITLE:	CFO	
ADDRESS:	7 KRIPES ROAD	
CITY/ST/ZIP/CO:	E GRANBY, CT 06026-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK SAN FRATELLO	
TITLE:	PRESIDENT	
ADDRESS:	7 KRIPES ROAD	
CITY/ST/ZIP/CO:	EAST GRANBY, CT 06026-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FRANK MENSINGER	
TITLE:	ASST SECRETARY	
ADDRESS:	7 KRIPES ROAD	
CITY/ST/ZIP/CO:	EAST GRANBY, CT 06026-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAURENCE D HURWITZ	
TITLE:	SECRETARY	
ADDRESS:	7 KRIPES ROAD	
CITY/ST/ZIP/CO:	EAST GRANBY, CT 06026-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J SCOTT HAFTMANN	
TITLE:	VICE PRESIDENT	
ADDRESS:	7 KRIPES ROAD	
CITY/ST/ZIP/CO:	EAST GRANBY, CT 06026-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD ALIM VICE PRESIDENT 7 KRIPES ROAD EAST GRANBY, CT 06026-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BRADLEY VICE PRESIDENT 7 KRIPES ROAD EAST GRANBY, CT 06026-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURENCE D HURZITZ VICE PRESIDENT 7 KRIPES ROAD EAST GRANBY, CT 06026-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH HENDRIX VICE PRESIDENT 7 KRIPES ROAD EAST GRANBY, CT 06026-	<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/ FRANK MENSINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK MENSINGER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/26/2011 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.