

1.) CORPORATION NAME:

**INTERNATIONAL AEROSPACE INSURANCE SERVICES,
INC.**

DUE DATE: **3/31/2011**

SCC ID NO: **F1661562**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6267 CARPINTERIA AVE
SUITE 301

CITY/ST/ZIP: CARPINTERIA, CA 93103-

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: INKEN HILDEGARD GERLACH
TITLE: PRES/SEC/CFO/T
ADDRESS: 6267 CARPINTERIA AVE
SUITE 301
CITY/ST/ZIP/CO: CARPINTERIA, CA 93103-

OFFICER

DIRECTOR

NAME: DEVIN CATHERINE FAIRBANKS
TITLE: ASST SECRETARY
ADDRESS: 6267 CARPINTERIA AVE
SUITE 301
CITY/ST/ZIP/CO: CARPINTERIA, CA 93103-

OFFICER

DIRECTOR

NAME: CHARLES RAYMOND RUDD, JR.
TITLE: COO
ADDRESS: 6267 CARPINTERIA AVE
SUITE 301
CITY/ST/ZIP/CO: CARPINTERIA, CA 93103-

OFFICER

DIRECTOR

NAME: STEVEN G. BLAKEY
TITLE: DIRECTOR
ADDRESS: 6267 CARPINTERIA AVE
SUITE 301
CITY/ST/ZIP/CO: CARPINTERIA, CA 93103-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM EASON DIRECTOR 6267 CARPINTERIA AVE SUITE 301 CARPINTERIA, CA 93103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN ALVA MYERS DIRECTOR 6267 CARPINTERIA AVE SUITE 301 CARPINTERIA, CA 93103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN JOSEPH ROBERTS DIRECTOR 6267 CARPINTERIA AVE SUITE 301 CARPINTERIA, CA 93103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE CLIFFORD ASST SECRETARY 6267 CARPINTERIA AVE SUITE 301 CARPINTERIA, CA 93103-	<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/ JULIE CLIFFORD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE CLIFFORD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/14/2011 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.