

| 1.) CORPORATION NAME: APPLIED TECHNICAL SYSTEMS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DOUG WEST 1037 CHAMPIONS WAY STE 100 SUFFOLK, VA 23435 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SUFFOLK CITY 4.) STATE OR COUNTRY OF INCORPORATION: WA | DUE DATE: 4/30/2012 SCC ID NO: F1704420 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td style="text-align: center;">40,000,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: center;">20,000,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMMON | 40,000,000 | PREFER | 20,000,000 |
|---|---|-------|------------|--------|------------|--------|------------|
| CLASS | AUTHORIZED | | | | | | |
| COMMON | 40,000,000 | | | | | | |
| PREFER | 20,000,000 | | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3505 NW ANDERSON HILL RD STE.200

CITY/ST/ZIP: SILVERDALE, VA 98383

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 checked="" type="checkbox"/> DIRECTOR |
| NAME: RICHARD B LEENSTRA, SR. | | |
| TITLE: PRES/CEO | | |
| ADDRESS: 3505 NW ANDERSON HILL ROAD | | |
| CITY/ST/ZIP/CO: #200 SILVERDALE, WA 98383 | | |

| | | |
|---|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: FELICIA KING | | |
| TITLE: S/T | | |
| ADDRESS: 3505 NW ANDERSON HILL ROAD STE 200 | | |
| CITY/ST/ZIP/CO: SILVERDALE, WA 98383 | | |

| | | |
|-----------------------------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: BRUCE HARLOW | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 3422 LAKENESS RD | | |
| CITY/ST/ZIP/CO: POULSBO, WA 98370 | | |

| | | |
|--------------------------------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Bruce MacDonald | | |
| TITLE: DIRECTOR | | |
| ADDRESS: 7020 NW Puddingstone Lane | | |
| CITY/ST/ZIP/CO: Silverdale, WA 98383 | | |

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/ FELICIA KING | FELICIA KING, S/T | 5/11/2012 |
| 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.