

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Applied Systems, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1780388**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 APPLIED PARKWAY

CITY/ST/ZIP: UNIVERSITY PARK, IL 60484

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:	ANUPAM MISHRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 APPLIED PARKWAY		
CITY/ST/ZIP/CO:	UNIVERSITY PARK, IL 60484		

NAME:	R. REID FRENCH, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR / CEO		
ADDRESS:	200 APPLIED PARKWAY		
CITY/ST/ZIP/CO:	UNIVERSITY PARK, IL 60484		

NAME:	ANDREW J LONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 APPLIED PARKWAY		
CITY/ST/ZIP/CO:	UNIVERSITY PARK, IL 60484		

NAME:	COLLEEN E. MIKUCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 APPLIED PARKWAY		
CITY/ST/ZIP/CO:	UNIVERSITY PARK, IL 60484		

NAME:	DAVID TUNNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 APPLIED PARKWAY		
CITY/ST/ZIP/CO:	UNIVERSITY PARK, IL 60484		

NAME:	ROBERT HENSKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 APPLIED PARKWAY		
CITY/ST/ZIP/CO:	UNIVERSITY PARK, IL 60484		

NAME: MATTHEW MILLER TITLE: DIRECTOR ADDRESS: 200 APPLIED PARKWAY CITY/ST/ZIP/CO: UNIVERSITY PARK, IL 60484	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL BARBER TITLE: DIRECTOR ADDRESS: 200 Applied Parkway CITY/ST/ZIP/CO: University Park, IL 60484	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SUKEN VAKIL TITLE: DIRECTOR ADDRESS: 200 Applied Parkway CITY/ST/ZIP/CO: University Park, IL 60484	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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 J LONG	ANDREW J LONG, SECRETARY	1/29/2014
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.		