

1.) CORPORATION NAME:

**INNOVATIVE TECHNICAL SOLUTIONS OF CALIFORNIA,
INC.(USED IN VA BY:INNOVATIVE TECHNICAL
SOLUTIONS, INC**

DUE DATE: **4/30/2011**

SCC ID NO: **F1789033**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CORPORATE CREATIONS NETWORK INC
4445 CORPORATION LN 2ND FL
VIRGINIA BEACH, VA 23462**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2730 SHADELANDS DRIVE
STE 100

CITY/ST/ZIP: WALNUT CREEK, CA 94598-

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.

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|-----------------|----------------------------------|---|--|
| NAME: | DEVENDRA K SHUKLA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 2730 SHADELANDS DR STE 100 | | |
| CITY/ST/ZIP/CO: | WALNUT CREEK, CA 94598- | | |
| NAME: | SUDHASH PATANKAR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | CFO/Senior VP | | |
| ADDRESS: | 2730 SHADELANDS DRIVE STE 100 | | |
| CITY/ST/ZIP/CO: | WALNUT CREEK, CA 94598- | | |
| NAME: | SUDHASH PATANKAR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 2730 SHADELANDS DRIVE, SUITE 100 | | |
| CITY/ST/ZIP/CO: | WALNUT CREEK, CA 94598- | | |
| NAME: | TEJ SINGH | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | Executive VP | | |
| ADDRESS: | 2730 SHADELANDS DRIVE STE 100 | | |
| CITY/ST/ZIP/CO: | WALNUT CREEK, CA 94598- | | |

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|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TOM GILBANE DIRECTOR 7 JACKSON WALKWAY PROVIDENCE, RI 02903- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|----------------------------------|--|

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|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN RUGGIERI DIRECTOR 7 JACKSON WALKWAY PROVIDENCE, RI 02903- | <input type="checkbox"/> OFFICER | <input checked="" 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/ DEVENDRA K SHUKLA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | DEVENDRA K SHUKLA, PRESIDENT PRINTED NAME AND CORPORATE TITLE | 3/15/2011 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.