

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215505534

1.) CORPORATION NAME:

Advanced Technology Services, Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
1111 EAST MAIN STREET, 16TH FLOOR**

SCC ID NO: **F1850397**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	100,000
PREFA	75,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8201 N UNIVERSITY ST

CITY/ST/ZIP: PEORIA, IL 61615

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:	JEFFREY A OWENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8201 N UNIVERSITY ST		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	WILLIAM M LUTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/SECY/TREAS		
ADDRESS:	8201 N UNIVERSITY ST		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	RICHARD W BLAUDOW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	8201 N UNIVERSITY ST		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	JAMES ECKHOFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 N BALLAS RD SUITE 130		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		

NAME:	DANIEL S JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	635 WEED ST		
CITY/ST/ZIP/CO:	NEW CANAAN, CT 06840		

NAME:	DAVID PRINGLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	N10 W29863 ST JAMES CT		
CITY/ST/ZIP/CO:	WAUKESHA, WI 53188		

NAME:	CARLO VON SCHROETER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE INTERNATIONAL PL		
CITY/ST/ZIP/CO:	7TH FL BOSTON, MA 02110		

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/ JEFFREY A OWENS	JEFFREY A OWENS, PRESIDENT	2/11/2015
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.