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| 1.) CORPORATION NAME: ALCOHOL MONITORING SYSTEMS, INC. | DUE DATE: 3/31/2013 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA | SCC ID NO: F1855479 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: DE | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1241 W. MINERAL AVE.
SUITE 200

CITY/ST/ZIP: LITTLETON, CO 80120

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: MICHAEL IIAMS | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CEO | | | | |
| ADDRESS: 6990 S. POLO RIDGE DR. | | | | |
| CITY/ST/ZIP/CO: LITTLETON, CO 80128 | | | | |

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|----------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: G. MICHAEL MACHENS | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: CFO | | | | |
| ADDRESS: 140 MEADOW VIEW DR. | | | | |
| CITY/ST/ZIP/CO: ARGYLE, TX 76226 | | | | |

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|--|--------------------------|---------|-------------------------------------|----------|
| NAME: RICHARD CONNOR | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 27 NIBLICK LANE | | | | |
| CITY/ST/ZIP/CO: COLUMBINE VALLEY, CO 80123 | | | | |

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|---|--------------------------|---------|-------------------------------------|----------|
| NAME: EUGENE MCCOLLEY | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 3900 GARDEN AVE. | | | | |
| CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80121 | | | | |

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|---|--------------------------|---------|-------------------------------------|----------|
| NAME: DAVID PACKER | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 5340 PRESERVE PARKWAY | | | | |
| CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80121 | | | | |

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.

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|---|----------------------------------|-----------|
| /s/ G. MICHAEL MACHENS | G. MICHAEL MACHENS, CFO | 3/29/2013 |
| 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.