

| 1.) CORPORATION NAME:<br><b>GOVERNOR CONTROL SYSTEMS, INC.</b>  | DUE DATE: <b>10/31/2015</b>  |       |            |        |         |
|---|--|-------|------------|--------|---------|
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>INCorp SERVICES INC<br/>         7288 HANOVER GREEN DR<br/>         MECHANICSVILLE, VA</b> | SCC ID NO: <b>F1878000</b>   |       |            |        |         |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HANOVER COUNTY</b>  | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100,000 |
| CLASS   | AUTHORIZED   |       |            |        |         |
| COMMON  | 100,000  |       |            |        |         |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>FL</b>   |  |       |            |        |         |

|   |  |
|---|--|
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 3101 SW 3RD AVENUE<br><br>CITY/ST/ZIP: FT. LAUDERDALE, FL 33315 |  |
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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: ARE FRIESECKE<br>TITLE: PRESIDENT<br>ADDRESS: 3190 SW 4TH AVENUE<br>CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33315   | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: BEN LOZANO<br>TITLE: VICE PRESIDENT<br>ADDRESS: 3101 SW 3RD AVENUE<br>CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33315 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: MARION LUEDERS<br>TITLE: SECRETARY<br>ADDRESS: 3190 SW 4TH AVENUE<br>CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33315  | <input checked="" type="checkbox"/> | OFFICER | <input 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/ ARE FRIESECKE                                   | ARE FRIESECKE, PRESIDENT         | 10/27/2015 |
| 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.