

1.) CORPORATION NAME:

ARES TECHNICAL SERVICES CORPORATION

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1897000**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
CAP	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1440 CHAPIN AVE STE 390

CITY/ST/ZIP: BURLINGAME, CA 94010

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DR RICHARD J STUART	
TITLE:	PRESIDENT	
ADDRESS:	1440 CHAPIN AVE., STE390	
CITY/ST/ZIP/CO:	BURLINGAME, CA 94010	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STANLEY C LYNCH	
TITLE:	VICE PRESIDENT	
ADDRESS:	1440 CHAPIN AVE., STE 390	
CITY/ST/ZIP/CO:	BURLINGAME, CA 94010	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY E SHIPLEY	
TITLE:	DIRECTOR	
ADDRESS:	1440 CHAPIN AVE., STE 390	
CITY/ST/ZIP/CO:	BURLINGAME, CA 94010	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DR WILLIAM VANTINE	
TITLE:	DIRECTOR	
ADDRESS:	1440 CHAPIN AVE., STE390	
CITY/ST/ZIP/CO:	BURLINGAME, CA 94010	

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/ DR RICHARD J STUART	DR RICHARD J STUART,	4/14/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.