

1.) CORPORATION NAME: AMERICAN CAPITAL SECURITY CORPORATION 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: CA	DUE DATE: 5/31/2014 SCC ID NO: F1927435 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 31255 CEDAR VALLEY DR
SUITE 311

CITY/ST/ZIP: WESTLAKE_VILLAGE, CA 91362

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 checked="" type="checkbox"/> DIRECTOR
NAME: PAUL D KAPLAN		
TITLE: PRESIDENT		
ADDRESS: 31255 CEDAR VALLEY DR STE 311		
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PEARL KAPLAN		
TITLE: SECRETARY		
ADDRESS: 31255 CEDAR VALLEY DR STE 311		
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91362		

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/ PAUL D KAPLAN	PAUL D KAPLAN, PRESIDENT	4/10/2014
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.