

1.) CORPORATION NAME: <b>Innovative Modular Solutions Inc.</b>	DUE DATE: <b>12/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          BANK OF AMERICA CENTER, 16TH FLOOR          1111 EAST MAIN STREET</b>	SCC ID NO: <b>F1983388</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS		AUTHORIZED			
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 70

CITY/ST/ZIP: OSWEGO, IL 60543

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: PATRICK T CARMODY TITLE: PRESIDENT ADDRESS: PO BOX 70 CITY/ST/ZIP/CO: OSWEGO, IL 60543	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: KEVIN MAIDEN TITLE: VICE PRESIDENT ADDRESS: 30803 OLD US 33 CITY/ST/ZIP/CO: ELKHART, IN 46516	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: PAULINE M OBERLAND TITLE: S/T ADDRESS: PO BOX 70 CITY/ST/ZIP/CO: OSWEGO, IL 60543	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: SIMON DRAGAN TITLE: DIRECTOR ADDRESS: 1815 SYCAMORE HILLS DR CITY/ST/ZIP/CO: FT WAYNE, IN 46814	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DREW WELBORN TITLE: DIRECTOR ADDRESS: 13309 LAKE HILL DRIVE CITY/ST/ZIP/CO: FT WAYNE, IN 46845	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ PAULINE M OBERLAND	PAULINE M OBERLAND, S/T	11/2/2015
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.