

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 14, 2009
Secretary of State**

DOCUMENT# 855548

Entity Name: I.T.S. CORPORATION

Current Principal Place of Business:

3605 OCEAN RANCH BOULEVARD
SUITE 100
OCEANSIDE, CA 92056 US

New Principal Place of Business:

Current Mailing Address:

36 RESEARCH PARK COURT
ST. CHARLES, MO 63304 US

New Mailing Address:

FEI Number: 95-3049194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PETER
Address: 300 E. ESPLANADE DR. SUITE 1450
City-St-Zip: OXNARD, CA 93036 US

Title: D () Delete
Name: ANDREWS, DUANE
Address: 7918 JONES BRANCH DRIVE
City-St-Zip: MCLEAN, VA 22102 US

Title: P () Delete
Name: MARTZ, GARRETT
Address: 890 EXPLORER BLVD
City-St-Zip: HUNTSVILLE, AL 35806 US

Title: S () Delete
Name: FOX, DEBORAH
Address: 7918 JONES BRANCH DRIVE
City-St-Zip: MCLEAN, VA 22102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CAMBIER, PETER
Address: 300 E. ESPLANADE DR. SUITE 1450
City-St-Zip: OXNARD, CA 93036 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH FOX

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07/14/2009

Electronic Signature of Signing Officer or Director

Date