2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F00000006695

1. Entity Name
AUTOMATED REGIONAL INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
124 N MAIN ST	PO BOX 799
SUITE C	OCEAN CITY, MD 21842-0799
BERLIN, MD 21811	

DO NOT WRITE IN THIS SPACE

04112008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
52-1957268		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CDPT
NAME	FAULSTICH, PAUL
STREET ADDRESS	124 N MAIN ST, STE C
CITY-ST-ZIP	BERLIN, MD 21811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000317759
05/13/08-80054-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: _____   4/21/08   410 641 3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #