2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F0000006695

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

AUTOMA	ATED REGIONAL INFORMA	ATION SYSTEMS, INC		03-17-2003 90109 048 *** 130.00
Principal Place of Business 124 N MAIN ST SUITE C BERLIN MD 21811		Mailing Address PO BOX 799 OCEAN CITY MD 21842-0799		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IS MAKING COMMON
City & State		City & State		4. FEI Number FO-1057000 Applied For
Zip	Country	Zip	Country	52-1957268 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	nt Pagistared Agent		Fee Required
	·	nt Registered Agent	Name	7. Name and Address of New Registered Agent
	PORATION SYSTEM JTH PINE ISLAND ROAD		Street Add	ress (P.O. Box Number is Not Acceptable)
PLANTAT	ION FL 33324	. * *		
			City	FL Zip Code
The above the obliga	e named entity submits this statement ations of registered agent.	for the purpose of changing it	s registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature r	equired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT FAULSTICH, PAUL 124 N MAIN ST, STE C BERLIN MD 21811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGANATA, ED 124 N MAIN ST, STE C BERLIN MD 21811	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZiP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the core	ertify that the information supplied with on this report or supplemental report is poration of the receiver or trustee empor or on an attachment with an address,		<u></u>	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

3/4/03 410641 3319