


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90280 001 \*\*\*150.00

**DOCUMENT # F0100003918**

1. Entity Name  
**AT SYSTEMS TECHNOLOGIES, INC.**



Principal Place of Business  
**6635 EAST 30TH STREET STE.B  
 INDIANAPOLIS, IN 46215 US**


Mailing Address  
**3280 E. FOOTHILL BLVD., SUITE 290  
 PASADENA, CA 91107**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**94-3311589**

Applied For  
 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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC RUDOLPH, GERALD J 3280 E FOOTHILL BLVD, SUITE 290 PASADENA, CA 91107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SIMS, JOHN W 6635 EAST 30TH STREET, SUITE B INDIANAPOLIS, IN 46215</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV IRVIN, RICHARD R 3220 WINONA AVENUE BURBANK, CA 91504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC LIVINGSTON, MARK V 3280 E FOOTHILL BLVD SUITE 290 PASADENA, CA 91107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGROVE, JOHN 6635 E 30TH STREET SUITE B INDIANAPOLIS, IN 46219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOWNSEND, REX 6635 E 30TH STREET, SUITE B INDIANAPOLIS, IN 46219	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>EVP RUDOLPH, GERALD J. 3280 E. FOOTHILL BLVD. STE.#290 Pasadena, CA 91107</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVIN, RICHARD R 3220 WINONA AVENUE BURBANK, CA 91504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/GC LIVINGSTON, MARK V. 3280 E. FOOTHILL BLVD. STE. #290 PASADENA, CA 91107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EARL JACOBS 6635 E. 30TH STREET SUITE A INDIANAPOLIS, IN 46219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like information.

**SIGNATURE:** *Gerald J. Rudolph* **Gerald J. Rudolph** **4/7/04** **(626) 564-4284** **EXT 401106**

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