
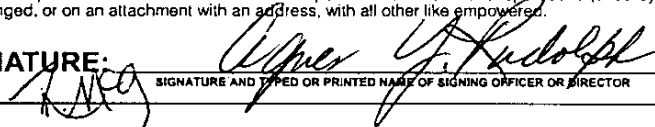


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90114 005 ***150.00

| | | | | |
|--|--|--|---|---|
| DOCUMENT # F01000003918 | | | |  |
| 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 | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | 04172006 Chg-P CR2E034 (11/05) |
| 4. FEI Number 94-3311589 | | | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | EVP <input checked="" type="checkbox"/> Delete | TITLE | <i>Complete List Attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUDOLPH, GERALD J | NAME | | |
| STREET ADDRESS | 3280 E FOOTHILL BLVD, SUITE 290 | STREET ADDRESS | | |
| CITY-ST-ZIP | PASADENA, CA 91107 | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JACOBS, EARL | NAME | | |
| STREET ADDRESS | 6635 E. 30TH STREET SUITE A | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46219 | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | IRVIN, RICHARD R | NAME | | |
| STREET ADDRESS | 3220 WINONA AVENUE | STREET ADDRESS | | |
| CITY-ST-ZIP | BURBANK, CA 91504 | CITY-ST-ZIP | | |
| TITLE | VSGC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LIVINGSTON, MARK V | NAME | | |
| STREET ADDRESS | 3280 E FOOTHILL BLVD SUITE 290 | STREET ADDRESS | | |
| CITY-ST-ZIP | PASADENA, CA 91107 | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANGROVE, JOHN | NAME | | |
| STREET ADDRESS | 6635 E 30TH STREET SUITE B | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46219 | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TOWNSEND, REX | NAME | | |
| STREET ADDRESS | 6635 E 30TH STREET, SUITE B | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46219 | CITY-ST-ZIP | | |
| 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 an address, with all other like empowered. | | | | |
| SIGNATURE:  | | Date: 4/18/06 | | Daytime Phone #: 626-564-4284 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | |

AT Systems Technologies, Inc.
EIN 94-3311589
List of Officers and Directors

ATTACHMENT

#F01000003918

NAME

OFFICERS

ADDRESS

Richard R. Irvin

President

3220 Winona Ave.
Burbank, CA 91504-2544

Mark V. Livingston

Vice President/ Secretary/ General Counsel

3280 E Foothill Blvd, Suite 290
Pasadena, CA 91107

John Angove

Vice President of Marketing &
Product Development

6635 E 30th Street, Suite A
Indianapolis, IN 46219

Rex Townsend

Vice President of Manufacturing

6635 E 30th Street, Suite A
Indianapolis, IN 46219

Earl Jacobs

Vice President of Plant Operations

6635 East 30th Street, Suite B
Indianapolis, IN 46219

A. Duncan Longworth

Vice President/Chief Financial Officer/Treasurer

3280 E Foothill Blvd, Suite 290
Pasadena, CA 91107

Agnes Y. Rudolph

Assistant Treasurer

3280 E. Foothill Blvd. #290
Pasadena, CA 91107

DIRECTOR

ADDRESS

Richard R. Irvin

3220 Winona Ave.
Burbank, CA 91504-2544

40062130