


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003952
 1. Entity Name
 ADVANCED TECHNOLOGY SYSTEMS, INC.



Principal Place of Business
 639 ALPHA DRIVE
 PITTSBURGH, PA 15238

Mailing Address
 639 ALPHA DRIVE
 PITTSBURGH, PA 15238



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 25-1570566 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: registered Agent signature required when circulating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | PCEO |
| NAME | AGBEDE, ROBERT |
| STREET ADDRESS | 639 ALPHA DRIVE |
| CITY - ST - ZIP | PITTSBURGH, PA 15238 |
| TITLE | D |
| NAME | BERKEY, EDGAR PH.D. |
| STREET ADDRESS | 6203 LANDING LANE |
| CITY - ST - ZIP | MOON TOWNSHIP, PA 151082793 |
| TITLE | D |
| NAME | SPENCER, GREGORY |
| STREET ADDRESS | 1020 DEVONSHIRE ROAD |
| CITY - ST - ZIP | PITTSBURGH, PA 15213 |
| TITLE | D |
| NAME | MILES, GEORGE |
| STREET ADDRESS | 4802 FIFTH AVENUE |
| CITY - ST - ZIP | PITTSBURGH, PA 15213 |
| TITLE | AST |
| NAME | TOMINA, KATHLEEN |
| STREET ADDRESS | 639 ALPHA DRIVE |
| CITY - ST - ZIP | PITTSBURGH, PA 15238 |
| TITLE | V |
| NAME | MENNITI, GREGORY P.E. |
| STREET ADDRESS | 401 11TH ST., SUITE 700 |
| CITY - ST - ZIP | HUNTINGTON, WV 25701 |

U00000312802
 04/18/05-80098-015 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathleen M. Tomini Asst Secretary 413-967-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #