


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90023 043 \*\*\*150.00

<b>DOCUMENT # F04000003952</b>			
1. Entry Name CHESTER ENGINEERS, INC.			
Principal Place of Business 639 ALPHA DRIVE PITTSBURGH, PA 15238		Mailing Address 639 ALPHA DRIVE PITTSBURGH, PA 15238	
2. Principal Place of Business 260 Airside Drive		3. Mailing Address 260 Airside Drive	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State Moon Township, PA		City & State Moon Township, PA	
4. FEI Number 25-1570566		Applied For Not Applicable	
Zip 15108	Country USA	Zip 15108	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P O Box Number is Not Acceptable)		Street Address (P O Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGBEDE, ROBERT	NAME	
STREET ADDRESS	639 ALPHA DRIVE	STREET ADDRESS	260 Airside Drive
CITY-ST-ZIP	PITTSBURGH, PA 15238	CITY-ST-ZIP	Moon Township, PA 15108
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKEY, EDGAR PH.D.	NAME	
STREET ADDRESS	6203 LANDING LANE	STREET ADDRESS	
CITY-ST-ZIP	MOON TOWNSHIP, PA 151082793	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, GREGORY	NAME	
STREET ADDRESS	1020 DEVONSHIRE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15213	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, GEORGE	NAME	
STREET ADDRESS	4802 FIFTH AVENUE	STREET ADDRESS	4802 Fifth Avenue
CITY-ST-ZIP	PITTSBURGH, PA 15213	CITY-ST-ZIP	Pittsburgh, PA 15213
TITLE	AST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMINA, KATHLEEN	NAME	
STREET ADDRESS	639 ALPHA DRIVE	STREET ADDRESS	260 Airside Drive
CITY-ST-ZIP	PITTSBURGH, PA 15238	CITY-ST-ZIP	Moon Township, PA 15108
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENNITI, GREGORY P.E.	NAME	
STREET ADDRESS	401 11TH ST., SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON, WV 25701	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: <i>Kathleen M. Tomina</i>		8-30-06 (412) 809-6010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60000000



# ATTACHMENT

60038308

#F04000003952

## ATTACHMENT TO 2006 FOR PROFIT CORPORATION

### ANNUAL REPORT

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Les Matthews 2120 E. Linwood Blvd., Suite 400 Kansas City, MO 64109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Renee S Frazier 415 Holiday Drive Pittsburgh, PA 15220	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS William Swain, Jr. 260 Airside Drive Moon Township, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lawrence O. Owoputi 260 Airside Drive Moon Township, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**ATTACHMENT**

60038308

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

**DO NOT WRITE IN THIS SPACE**

03102005 No Chg-P CR2ED04 (10/03)

4. FEI Number  
 25-1570566 Applied For  
 Not Applicable

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

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature made in printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when "changing")

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	PCED AGBEDE, ROBERT 639 ALPHA DRIVE PITTSBURGH, PA 15235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKEY, EDGAR PH.D. 8203 LANDING LANE MOON TOWNSHIP, PA 151082783
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, GREGORY 1020 DEVONSHIRE ROAD PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, GEORGE 4802 FIFTH AVENUE PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST TOMINA, KATHLEEN 639 ALPHA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENNITI, GREGORY P.E. 401 11TH ST., SUITE 700 HUNTINGTON, WV 25701

U00000312802  
 04/18/05-80098-015 158.75

**DO NOT WRITE IN THIS SPACE**

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 fee empowered.

SIGNATURE: *Kathleen M. Tomina* Asst Secretary 413-967-1900  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR