

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006583

FILED
Feb 08, 2006
Secretary of State

Entity Name: ARAS CORPORATION

Current Principal Place of Business:

439 SOUTH UNION STREET
LAWRENCE, MA 01843

New Principal Place of Business:

439 SOUTH UNION STREET
SUITE 401
LAWRENCE, MA 01843

Current Mailing Address:

439 SOUTH UNION STREET
LAWRENCE, MA 01843

New Mailing Address:

439 SOUTH UNION STREET
SUITE 401
LAWRENCE, MA 01843

FEI Number: 04-3509904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SCHROER, PETER
Address: 439 SOUTH UNION STREET
City-St-Zip: LAWRENCE, MA 01843

Title: VPT (X) Delete
Name: MOZZER, MICHAEL
Address: 439 SOUTH UNION STREET
City-St-Zip: LAWRENCE, MA 01843

Title: S (X) Delete
Name: BARRON, MICHAEL
Address: 439 SOUTH UNION STREET
City-St-Zip: LAWRENCE, MA 01843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: SCHROER, PETER H PRESIDE
Address: 439 SOUTH UNION STREET SUITE 401
City-St-Zip: LAWRENCE, MA 01843

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER H. SCHROER

CP

02/08/2006

Electronic Signature of Signing Officer or Director

Date