

(Re	questor's Name)	· · · · · ·		
(Ad	idress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000363642630

04/03/21--01020--016 **78.75

FILETO 21 MAY 17 PH 12: 52



COVER LETTER

*				*
TO: Registration Division of C	Corporations			
SUBJECT: ATS	SI, Inc.			
SUBJECT:	Name o	f corporation - r	nust include suffix	
Dear Sir or Madam:				
	ence," or "Certificate	of Good Standir	ng" and check are subn	t Business in Florida," nitted to register the
Please return all correction Carol Pontr		ng this matter to	the following:	
		Name of Pe	rson	
ATSI, Inc.				
		Firm/Compa	ny	
415 Comme	erce Drive			
		Address		
Amherst, N	Y 14228			
	····	City/State and	Zip code	<u> </u>
pontrello@a	atsi.com	•	•	
<u> </u>		(to be used for	future annual report ne	otification)
For further informati	on concerning this ma	atter, please call	:	
Carol Pontr	Carol Pontrello at (716) 691-9200			
Name of Per	rson	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2415 N. Mor Tallahassee,	rroe Street, Suite 810 FL 32303		Tallahassee, Fl	L 32314
	For the following amo able to: FLORIDA DE \$78.75 Filing Certificate o	PARTMENT O g Fee &	F STATE 178.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2021

CAROL PONTRELLO 415 COMMERCE DR AMHERST, NY 14228

SUBJECT: ATSI INC

Ref. Number: W21000061081

Please Attached Name

We have received your document for ATSI INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 221A00009298

RECEIVED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

, ATSI Inc				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORAT	ION,"	
AT	SI Engineering	Inc.		
(If name unavaila	able in Florida, enter alternate corporate name ad	bpted for the purpose of transac		
2. New You	rk _{3.} 1	4-1647762 (FEI number, if		
•	y under the law of which it is incorporated)	(FEI number, if	applicable)	
_{4.} 1928				
			(Date of duration, if other than perpetual)	
_{6.} No busir	ness prior to this registrat	tion		
-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		hility)	
. 415 Com	nmerce Drive, Amherst, N		o,	
7. 110 0011	(Principal office			
415 Comm	erce Drive Amherst NY 14228			
	(Current mailing	address, if different)		
			_	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	第32 21	
Name:	Registered Agents Inc.			
Office Address:	7901 4th St N STE 300		FILI MAY 17	
	St. Petersburg	, Florida 33702 (Zip code)		
	(City)	(Zip code)	TATE ORID	
9. Registered age	•			
Having been nam	red as registered agent and to accept service	of process for the above sta	ited corporation at the	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

. A. DIRECTORS Chairman □Chairman Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: ____ ☐ Director □ Director □ President □ President □Vice President □ Vice President ☐ Treasurer ☐ Secretary □Treasurer ☐ Secretary □Other _____ □Other __ ___ □ Other _____ Other _____ Name: Brian Fojtasek **⊠**Chairman □ Chairman Name: ☐ Vice Chairman Address: □Vice Chairman Address: 415 Commerce Drive Director □ Director Amherst NY 14228 □ President ☐ President □Vice President ___ ☐ Vice President □Treasurer ☐ Treasurer ☐ Secretary □ Secretary Other ____ Other_____ □Other _____ □Other _____ Name: Jay Fairbrother Name: Brian Fojtasek □ Chairman □ Chairman Address: ____ □Vice Chairman Address: _____ □Vice Chairman 415 Commerce Drive 415 Commerce Drive Director □ Director Amherst NY 14228 Amherst NY 14228 X President □ President □Vice President ☐ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary Mother Centraller □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ATSI, INC. was filed on 11/25/1927, under the name of CARMAN-DUNNE, INC., fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to C.T. MALE ASSOCIATES INC. was filed on 07/21/1983.

A Certificate of Amendment was filed on 08/30/1983.

A certificate changing name to AISL, INC. was filed on 04/13/1984.

A Certificate of Merger was filed on 10/01/1985

A Biennial Statement was filed

A Biennial Statement was filed 10/29/1

A Biennial Statement was

A Biennial Statement was filed 12/01/1999

A Biennial Statement was filed/1/201/2001

A Biennial Statement was filed 11/06/2003.

A Biennial Statement was filed 12/29/2005.

A Biennial Statement was filed 11/29/2007.

A Biennial Statement was filed 11/16/2009.

A Biennial Statement was filed 12/15/2011.

A Biennial Statement was filed 12/12/2013.

A Biennial Statement was filed 11/04/2015.

A Biennial Statement was filed 11/01/2017.

A Biennial Statement was filed 10/13/2020.

I further certify that no other documents have been filed by such corporation.

(page 2) - ATSI, INC.



WITNESS my hand and the official scal of the Department of State at the City of Albany, this 19th day of January two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State