

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004993

1. Entity Name

ACCUSONIC TECHNOLOGIES, INC.

FILED

00 NOV 20 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
475 FALMOUTH HEIGHTS RD.  
FALMOUTH MA 02540

Mailing Address  
475 FALMOUTH HEIGHTS RD.  
FALMOUTH MA 02540

2. Principal Place of Business

25 BERNARD E. ST JEAN AVE  
Suite, Apt. #, etc.

3. Mailing Address

25 BERNARD E. ST JEAN AVE  
Suite, Apt. #, etc.

REINSTATEMENT

2000

City & State

EAST FALMOUTH, MA

City & State

EAST FALMOUTH, MA

4. FEI Number 04-3380645

Applied For  
Not Applicable

Zip 02536

Country USA

Zip 02536

Country USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

*[Signature]*

(Signature typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

10/7/00

LS

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00.  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	GRAF, PAUL E	
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMORADA, JOSEPH F	
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEEL, THOMAS H	
STREET ADDRESS	% ADS CORPORATION, 5025 BRADFORD BLVD.	
CITY-ST-ZIP	HUNTSVILLE AL 35805	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WILLIAMSON, ALLAN J	
STREET ADDRESS	5025 BRADFORD BLVD.	
CITY-ST-ZIP	HUNTSVILLE AL 35805	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GATES, SIGNE S	
STREET ADDRESS	300 ATLANTIC ST.	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	T	<input type="checkbox"/> Delete
NAME	WY SOCK, STEPHEN J.	
STREET ADDRESS	C/O ADS CORPORATION, 5025 BRADFORD BLVD	
CITY-ST-ZIP	HUNTSVILLE AL 35805	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE D. MILLIGAN	
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC STREET	
CITY-ST-ZIP	STAMFORD, CT 06901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003493283--7	
STREET ADDRESS	-12/11/00--01036--004	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. Garland	
STREET ADDRESS	% ADS CORPORATION, 5030 Bradford Dr Bldg 1, Ste 20	
CITY-ST-ZIP	Huntsville, Alabama 35805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5030 Bradford Dr. Bldg 1, Ste 210	
STREET ADDRESS	Huntsville, AL 35805	
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINER M. ROD	
STREET ADDRESS	300 ATLANTIC STREET	
CITY-ST-ZIP	STAMFORD, CT 06901	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG H. Alfson	
STREET ADDRESS	% ADS CORPORATION, 5030 BRADFORD DR B1, STE 210	
CITY-ST-ZIP	Huntsville, Alabama 35805	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* EQUATOR J. Williamson

October 9, 2000 (256) 430-3366

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (5/00)