

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30694

1. Entity Name

AMERICAN ASSOCIATION OF STATE TROOPERS, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90006 046 ****61.25

Principal Place of Business

Mailing Address

1949 RAYMOND DIEHL ROAD
 TALLAHASSEE FL 32308-3778
 US

1949 RAYMOND DIEHL ROAD
 TALLAHASSEE FL 32308-3841
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2952895

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, J. ALAN
 1660 METROPOLITAN CIRCLE
 TALLAHASSEE FL 32308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME PD
 STREET ADDRESS GRIFFIN, HARRALL
 CITY-ST-ZIP 7810 DEER RUN COVE
 CORDOVA TN 38018

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VPD
 STREET ADDRESS CLAY, ROBERT
 CITY-ST-ZIP PO BOX 243 N/A
 REEDSVILLE WV

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 26547 - zip

TITLE Delete
 NAME VPD
 STREET ADDRESS JOHNSON, CLAUDE
 CITY-ST-ZIP PO BOX 209 N/A
 MEMPHIS TN

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 38101 - zip

TITLE Delete
 NAME VPD
 STREET ADDRESS WITT DAVID L
 CITY-ST-ZIP ~~3004 N HEMBREE -~~
~~MCMINNVILLE OR~~

TITLE Change Addition
 NAME
 STREET ADDRESS 14605 Rock Creek Rd
 CITY-ST-ZIP Sheridan OR 97378

TITLE Delete
 NAME TD
 STREET ADDRESS JOHNSON, VIRGINIA
 CITY-ST-ZIP 403 STONE HOUSE RD.
 TALLAHASSEE FL

TITLE Change Addition
 NAME
 STREET ADDRESS Collins, Jim
 CITY-ST-ZIP 11344 Marion Oaks Dr
 Tuscaloosa AL 35405

TITLE Delete
 NAME SD
 STREET ADDRESS W WAYN YORK
 CITY-ST-ZIP ~~290 AMANDA CT -~~
~~OREGON CITY OR~~

TITLE Change Addition
 NAME
 STREET ADDRESS 14625 Ehlen Rd NE
 CITY-ST-ZIP Aurora OR 97002

12. 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 617, 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: *David R. Auto*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00 850-385-7904
 Date Daytime Phone #

CR2E037 (9/99)