

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004993 (8)

ACCUSONIC TECHNOLOGIES, INC.



Principal Place of Business 475 FALMOUTH HEIGHTS RD. FALMOUTH MA 02540	Mailing Address 475 FALMOUTH HEIGHTS RD. FALMOUTH MA 02540
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-3380645	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, PAUL E	1.2 NAME	
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06901	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMORADA, JOSEPH F	2.2 NAME	
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06901	2.4 CITY - ST - ZIP	
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEEL, THOMAS H	3.2 NAME	President
STREET ADDRESS	% ADS CORPORATION, 5025 BRADFORD BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL 35805	3.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, ALLAN J	4.2 NAME	Vice President and Secretary
STREET ADDRESS	5025 BRADFORD BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTSVILLE AL 35805	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, SIGNE S	5.2 NAME	
STREET ADDRESS	300 ATLANTIC ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	STAMFORD CT 06901	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Treasurer
STREET ADDRESS		6.3 STREET ADDRESS	Stephen J. Wisock
CITY - ST - ZIP		6.4 CITY - ST - ZIP	% ADS Corporation, 5025 Bradford Huntsville, AL 35805

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Signe S. Gates* *Signe S. Gates, Asst. Secy* 4/6/98 203-321-5208

CR2E034 (10/97)