

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90109 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000004993**
 1. Corporation Name
ACCUSONIC TECHNOLOGIES, INC.

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

Mailing Address
**475 FALMOUTH HEIGHTS RD.
 FALMOUTH MA 02540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
09/24/1997

4. FEI Number
04-3380645

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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	PRESIDENT + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, PAUL E.	1.2 NAME	Thomas H. Neel
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.	1.3 STREET ADDRESS	% ADS Corporation, 5025 Bradford Blvd.
CITY-ST-ZIP	STAMFORD CT 06901	1.4 CITY-ST-ZIP	Huntsville, AL 35805
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	ASSISTANT SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMORADA, JOSEPH F	2.2 NAME	HELEN V. STAMATIADIS
STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.	2.3 STREET ADDRESS	% AXEL JOHNSON INC., 300 ATLANTIC ST.
CITY-ST-ZIP	STAMFORD CT 06901	2.4 CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEL, THOMAS H	3.2 NAME	
STREET ADDRESS	% ADS CORPORATION, 5025 BRADFORD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35805	3.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, ALLAN J	4.2 NAME	
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	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYSOCK, STEPHEN J.	6.2 NAME	
STREET ADDRESS	C/O ADS CORPORATION, 5025 BRADFORD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35805	6.4 CITY-ST-ZIP	

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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **2/1/99** Daytime Phone #: **203-326-5200**

CR2E034 (1/98)

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Accusonic Technologies, Inc.

Directors: Paul E. Graf, c/o Axel Johnson Inc., 300 Atlantic Street, Stamford, CT 06901
Thomas H. Neel, ADS Corporation, 5025 Bradford Boulevard, Huntsville, AL 35805
Joseph F. Smorada, c/o Axel Johnson Inc., 300 Atlantic Street, Stamford, CT 06901

Officers: Thomas H. Neel, President and CEO, c/o ADS Corporation, 5025 Bradford Boulevard, Huntsville, AL 35805
Robert M. Reynolds, Vice President, 475 Grand Avenue, Falmouth, MA 02540
Allan J. Williamson, Vice President & Sec'y, ADS Corporation, 5025 Bradford Boulevard, Huntsville, AL 35805
Stephen J. Wysock, Treasurer, ADS Corporation, 5025 Bradford Boulevard, Huntsville, AL 35805
Signe S. Gates, Assistant Secretary, c/o Axel Johnson Inc., 300 Atlantic Street, Stamford, CT 06901
Chuck Sturtevant, Assistant Secretary, 475 Grand Avenue, Falmouth, MA 02540
Helen V. Stamatiadis, Assistant Secretary, c/o Axel Johnson Inc., 300 Atlantic Street, Stamford, CT 06901