

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006583

**FILED**  
**May 12, 2017**  
**Secretary of State**  
**CC1408271612**

**Entity Name:** ARAS CORPORATION

**Current Principal Place of Business:**

300 BRICKSTONE SQUARE  
SUITE 700  
ANDOVER, MA 01810

**Current Mailing Address:**

300 BRICKSTONE SQUARE  
SUITE 700  
ANDOVER, MA 01810

**FEI Number:** 04-3509904

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHROER, PETER H  
Address 300 BRICKSTONE SQ., SUITE 700  
City-State-Zip: ANDOVER MA 01810

Title D  
Name NYHAN, WILLIAM  
Address 300 BRICKSTONE SQ., SUITE 700  
City-State-Zip: ANDOVER MA 01810

Title D  
Name RUDA, HARRY  
Address 300 BRICKSTONE SQ., SUITE 700  
City-State-Zip: ANDOVER MA 01810

Title D  
Name DODGE, DON  
Address 300 BRICKSTONE SQ., SUITE 700  
City-State-Zip: ANDOVER MA 01810

Title D  
Name VAN SCIVER, ROD  
Address 300 BRICKSTONE SQ., SUITE 700  
City-State-Zip: ANDOVER MA 01810

Title S  
Name BARRON, MICHAEL  
Address 300 BRICKSTONE SQ., SUITE 700  
City-State-Zip: ANDOVER MA 01810

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER H SCHROER

**CEO**

**05/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date