

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:45

DOCUMENT # 856865 (1)
1. Corporation Name
ADVANCED TECHNOLOGY LABORATORIES, INC.

Principal Place of Business Mailing Address
**22100 BOTHELL EVERETT HWY
BOTHELL WA 98021
US** **P.O. BOX 3003
BOTHELL WA 98041-3003
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **06/22/1983** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 PO Box 3003		91-0895332		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEROZEK, DAVID M	1.2 NAME	
STREET ADDRESS	22100 EVERETT-HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, HARVEY	2.2 NAME	
STREET ADDRESS	22100 BOTHELL EVERETT HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORKS, W BRINTON	3.2 NAME	
STREET ADDRESS	22100 OTHELL EVERETT HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILL, DENNIS C	4.2 NAME	
STREET ADDRESS	22100 BOTHELL EVERETT HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, TRACY	5.2 NAME	Assistant Treasurer
STREET ADDRESS	22100 BOTHELL EVERETT HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEM, DONALD	6.2 NAME	
STREET ADDRESS	22100 EVERETT-HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOTHELL WA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tracy C Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR
Tracy C Day 3-28-95 206-487-8184
Assistant Treasurer