

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90084 002 \*\*\*150.00

0616169 AT

**DOCUMENT # F01000001428**

1. Entity Name

**ARES AEROSPACE & TECHNOLOGY SERVICES CORPORATION**

Principal Place of Business

Mailing Address

**1440 CHAPIN AVENUE, SUITE 201  
 BURLINGAME CA 94010**

**1440 CHAPIN AVENUE, SUITE 201  
 BURLINGAME CA 94010**

2. Principal Place of Business

**1440 Chapin Avenue**

3. Mailing Address

**1440 Chapin Avenue**

Suite, Apt. #, etc.

**Suite 390**

Suite, Apt. #, etc.

**Suite 390**

City & State

**Burlingame, CA**

City & State

**Burlingame, CA**

Zip

**94010**

Country

**USA**

Zip

**94010**

Country

**USA**

4. FEI Number

**94-3161428**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
 NAME **STUART, RICHARD J**  
 STREET ADDRESS **20 MCKENZIE COURT**  
 CITY-ST-ZIP **HILLSBOROUGH CA 94010**

TITLE **VSD** ☐ Delete  
 NAME **SHIRLEY, LARRY E**  
 STREET ADDRESS **355 RIVERWOOD**  
 CITY-ST-ZIP **RICHLAND WA 99352**

TITLE **TD** ☐ Delete  
 NAME **GHOSE, AMITAVA**  
 STREET ADDRESS **2715 DARNBY DRIVE**  
 CITY-ST-ZIP **OAKLAND CA 94611**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **Shipley, Larry E.**  
 STREET ADDRESS **10013 Laurel Springs Avenue**  
 CITY-ST-ZIP **Las Vegas, NV 89134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Richard J. Stuart**

**04/01/02**

**(650)401-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)