2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90174 023 ***158.75

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1. Entity Name
ARES AEROSPACE & TECHNOLOGY SERVICES CORPORATION

Principal Place of Business	Mailing Address
1440 CHAPIN AVENUE, SUITE 390 BURLINGAME, CA 94010	1440 CHAPIN AVENUE, SUITE 390 BURLINGAME, CA 94010

DO NOT WRITE IN THIS SPACE

04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-3161428
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	STUART, RICHARD J
STREET ADDRESS	228 SO MEADOW ROAD
CITY-ST-ZIP	GLENBROOK, NV 89413
TITLE	VSD
NAME	SHIPLEY, LARRY E
STREET ADDRESS	102 SKYLINE SPUR
CITY-ST-ZIP	SUN VALLEY, ID 83353
TITLE	TVD
NAME	GHOSE, AMITAVA
STREET ADDRESS	2715 DARNBY DRIVE
CITY-ST-ZIP	OAKLAND, CA 94611
TITLE	V
NAME	LYNCH, STANLEY C
STREET ADDRESS	30 CORDONE DR
CITY-ST-ZIP	SAN ANSELMO, CA 94960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley Lynch Stanley Lynch VP 4/25/06 650-401-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #