

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001428

FILED
Jul 30, 2009
Secretary of State

Entity Name: ARES AEROSPACE & TECHNOLOGY SERVICES CORPORATION

Current Principal Place of Business:

1440 CHAPIN AVENUE, SUITE 390
BURLINGAME, CA 94010

New Principal Place of Business:

Current Mailing Address:

1440 CHAPIN AVENUE, SUITE 390
BURLINGAME, CA 94010

New Mailing Address:

FEI Number: 94-3161428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: STUART, RICHARD J
Address: 240 POWERHOUSE RD
City-St-Zip: GLENBROOK, NV 89413

Title: VSD () Delete
Name: LYNCH, STANLEY C
Address: 30 CORDONE DR
City-St-Zip: SAN ANSELMO, CA 94960

Title: V () Delete
Name: LYNCH, STANLEY C
Address: 30 CORDONE DR
City-St-Zip: SAN ANSELMO, CA 94960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TVD (X) Change () Addition
Name: GHOSE, AMITAVA
Address: 2715 DARNBY DRIVE
City-St-Zip: OAKLAND, CA 94611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STANLEY C LYNCH

VSD

07/30/2009

Electronic Signature of Signing Officer or Director

Date