

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 047 ***150.00

DOCUMENT # F04000003466					
1. Entity Name ATLANTIC TESTING LABORATORIES, LIMITED, INC.					
Principal Place of Business 6431 U.S. HIGHWAY 11 CANTON, NY 13617			Mailing Address 6431 U.S. HIGHWAY 11 CANTON, NY 13617		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1109111	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, SUSAN E 2600 HARDEN BLVD., LOT #71 LAKELAND, FL 33803			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11--		
TITLE PVC NAME REMINGTON, MARIJEAN B STREET ADDRESS 6431 U.S. HIGHWAY 11 CITY-ST-ZIP CANTON, NY 13617	<input type="checkbox"/> Delete		TITLE CEO/P/T/D NAME REMINGTON, MARIJEAN B STREET ADDRESS 6431 U.S. HIGHWAY 11 CITY-ST-ZIP CANTON, NY 13617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME KUHN, JAMES J P.E. STREET ADDRESS 22 CORPORATE DRIVE CITY-ST-ZIP CLIFTON PARK, NY 12065	<input type="checkbox"/> Delete		TITLE VP/T/D NAME KUHN, JAMES J STREET ADDRESS 22 CORPORATE DRIVE CITY-ST-ZIP CLIFTON PARK, NY 12065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPSD NAME THEW, JAMES S P.L.S. STREET ADDRESS 6431 U.S. HIGHWAY 11 CITY-ST-ZIP CANTON, NY 13617	<input type="checkbox"/> Delete		TITLE D NAME THEW, JAMES S P.L.S. STREET ADDRESS P.O. BOX 463 CITY-ST-ZIP CANTON, NY 13617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TC NAME THEW, SPENCER F P.E.L.S STREET ADDRESS 6431 US HWY 11 CITY-ST-ZIP CANTON, NY 13617	<input type="checkbox"/> Delete		TITLE D NAME THEW, SPENCER F P.E.L.S STREET ADDRESS 6431 US HIGHWAY 11 CITY-ST-ZIP CANTON, NY 13617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CRONIN, THOMAS G STREET ADDRESS 22 CORPORATE DR CITY-ST-ZIP CLIFTON PARK, NY 12065	<input type="checkbox"/> Delete		TITLE VP/S/D NAME CRONIN, THOMAS G STREET ADDRESS 22 CORPORATE DRIVE CITY-ST-ZIP CLIFTON PARK, NY 12065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP/S/D NAME MCCASLAND, SCOTT M STREET ADDRESS 301 ST. ANTHONY STREET CITY-ST-ZIP UTICA, NY 13501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Marijean B. Remington		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3/21/08 Daytime Phone #: (315) 386-4578		

50001178



02062008 Chg-P CR2E034 (12/06)

4. FEI Number
16-1109111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, SUSAN E
2600 HARDEN BLVD., LOT #71
LAKELAND, FL 33803

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

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11--

TITLE
PVC
NAME
REMINGTON, MARIJEAN B
STREET ADDRESS
6431 U.S. HIGHWAY 11
CITY-ST-ZIP
CANTON, NY 13617

☐ Delete

TITLE
CEO/P/T/D
NAME
REMINGTON, MARIJEAN B
STREET ADDRESS
6431 U.S. HIGHWAY 11
CITY-ST-ZIP
CANTON, NY 13617

☒ Change ☐ Addition

TITLE
VPD
NAME
KUHN, JAMES J P.E.
STREET ADDRESS
22 CORPORATE DRIVE
CITY-ST-ZIP
CLIFTON PARK, NY 12065

☐ Delete

TITLE
VP/T/D
NAME
KUHN, JAMES J
STREET ADDRESS
22 CORPORATE DRIVE
CITY-ST-ZIP
CLIFTON PARK, NY 12065

☒ Change ☐ Addition

TITLE
VPSD
NAME
THEW, JAMES S P.L.S.
STREET ADDRESS
6431 U.S. HIGHWAY 11
CITY-ST-ZIP
CANTON, NY 13617

☐ Delete

TITLE
D
NAME
THEW, JAMES S P.L.S.
STREET ADDRESS
P.O. BOX 463
CITY-ST-ZIP
CANTON, NY 13617

☒ Change ☐ Addition

TITLE
TC
NAME
THEW, SPENCER F P.E.L.S
STREET ADDRESS
6431 US HWY 11
CITY-ST-ZIP
CANTON, NY 13617

☐ Delete

TITLE
D
NAME
THEW, SPENCER F P.E.L.S
STREET ADDRESS
6431 US HIGHWAY 11
CITY-ST-ZIP
CANTON, NY 13617

☒ Change ☐ Addition

TITLE
VP
NAME
CRONIN, THOMAS G
STREET ADDRESS
22 CORPORATE DR
CITY-ST-ZIP
CLIFTON PARK, NY 12065

☐ Delete

TITLE
VP/S/D
NAME
CRONIN, THOMAS G
STREET ADDRESS
22 CORPORATE DRIVE
CITY-ST-ZIP
CLIFTON PARK, NY 12065

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
VP/S/D
NAME
MCCASLAND, SCOTT M
STREET ADDRESS
301 ST. ANTHONY STREET
CITY-ST-ZIP
UTICA, NY 13501

☐ Change ☒ Addition

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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marijean B. Remington

Date: 3/21/08 Daytime Phone #: (315) 386-4578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50001178
~~FF04000003466~~

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ ADDITION

TITLE:	CFO/S
NAME:	LINGG, JOSEPH F.
STREET ADDRESS:	6431 US HIGHWAY 11
CITY-ST-ZIP:	CANTON, NY 13617