

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003466

FILED
Feb 26, 2009
Secretary of State

Entity Name: ATLANTIC TESTING LABORATORIES, LIMITED, INC.

Current Principal Place of Business:

6431 U.S. HIGHWAY 11
CANTON, NY 13617

New Principal Place of Business:

Current Mailing Address:

6431 U.S. HIGHWAY 11
CANTON, NY 13617

New Mailing Address:

FEI Number: 16-1109111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: REMINGTON, MARIJEAN B
Address: 6431 U.S. HIGHWAY 11
City-St-Zip: CANTON, NY 13617

Title: VPTD () Delete
Name: KUHN, JAMES J P.E.
Address: 22 CORPORATE DRIVE
City-St-Zip: CLIFTON PARK, NY 12065

Title: D () Delete
Name: THEW, JAMES S P.L.S.
Address: P.O. BOX 463
City-St-Zip: CANTON, NY 13617

Title: C () Delete
Name: THEW, SPENCER F P.E.L.S.
Address: 6431 US HIGHWAY 11
City-St-Zip: CANTON, NY 13617

Title: VPSD () Delete
Name: CRONIN, THOMAS G
Address: 22 CORPORATE DRIVE
City-St-Zip: CLIFTON PARK, NY 12065

Title: VPSD () Delete
Name: MCCASLAND, SCOTT M
Address: 301 ST. ANTHONY STREET
City-St-Zip: UTICA, NY 13501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JAMES K. KUHN

VPTD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date