

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006583

FILED
Apr 29, 2010
Secretary of State

Entity Name: ARAS CORPORATION

Current Principal Place of Business:

300 BRICKSTONE SQUARE
SUITE 904
ANDOVER, MA 01810

New Principal Place of Business:

Current Mailing Address:

300 BRICKSTONE SQUARE
SUITE 904
ANDOVER, MA 01810

New Mailing Address:

FEI Number: 04-3509904

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: SCHROER, PETER H PRESIDE
Address: 300 BRICKSTONE SQ., SUITE 904
City-St-Zip: ANDOVER, MA 01810

Title: D
Name: NYHAN, WILLIAM
Address: 300 BRICKSTONE SQ., SUITE 904
City-St-Zip: ANDOVER, MA 01810

Title: D
Name: RUDA, HARRY
Address: 300 BRICKSTONE SQ., SUITE 904
City-St-Zip: ANDOVER, MA 01810

Title: D
Name: DODGE, DON
Address: 300 BRICKSTONE SQ., SUITE 904
City-St-Zip: ANDOVER, MA 01810

Title: D
Name: VAN SCIVER, ROD
Address: 300 BRICKSTONE SQ., SUITE 904
City-St-Zip: ANDOVER, MA 01810

Title: S
Name: BARRON, MICHAEL
Address: 300 BRICKSTONE SQ., SUITE 904
City-St-Zip: ANDOVER, MA 01810

I hereby 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 all other like empowered.

SIGNATURE: PETER H. SCHROER

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date