

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004993 (8)

1. Corporation Name
ACCUSONIC TECHNOLOGIES, INC.

Principal Place of Business
475 FALMOUTH HEIGHTS RD.
FALMOUTH MA 02540

Mailing Address
475 FALMOUTH HEIGHTS RD.
FALMOUTH MA 02540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

04-3380645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME GRAF, PAUL E
STREET ADDRESS % AXEL JOHNSON INC., 300 ATLANTIC ST.
CITY- ST- ZIP STAMFORD CT 06901 ☐ DELETE

TITLE D
NAME SMORADA, JOSEPH F
STREET ADDRESS % AXEL JOHNSON INC., 300 ATLANTIC ST.
CITY- ST- ZIP STAMFORD CT 06901 ☐ DELETE

TITLE DCEO
NAME NEEL, THOMAS H
STREET ADDRESS % ADS CORPORATION, 5025 BRADFORD BLVD.
CITY- ST- ZIP HUNTSVILLE AL 35805 ☐ DELETE

TITLE VST
NAME WILLIAMSON, ALLAN J
STREET ADDRESS 5025 BRADFORD BLVD.
CITY- ST- ZIP HUNTSVILLE AL 35805 ☐ DELETE

TITLE AS
NAME GATES, SIGNE S
STREET ADDRESS 300 ATLANTIC ST.
CITY- ST- ZIP STAMFORD CT 06901 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☒ Addition

3.1 TITLE President ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Vice President and Secretary ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Treasurer ☐ Change ☒ Addition
6.2 NAME Stephen J. Wysock
6.3 STREET ADDRESS % ADS Corporation, 5025 Bradford
6.4 CITY- ST- ZIP Huntsville, AL 35805

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Signe S. Gates*

Signe S. Gates, Asst. Secy 4/6/98

203-321
5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 05

CR2E034 (10/97)