

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004993

1. Entity Name  
**ACCUSONIC TECHNOLOGIES, INC.**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
475 FALMOUTH HEIGHTS RD.  
FALMOUTH MA 02540

2. Principal Place of Business  
**25 BERNARD E. ST JEAN AVE**

3. Mailing Address  
**25 BERNARD E. ST JEAN AVE**

Suite, Apt. #, etc.

**REINSTATEMENT** 2000

City & State  
**EAST FALMOUTH, MA**

City & State  
**EAST FALMOUTH, MA**

4. FEI Number **04-3380645**

Applied For  Not Applicable

Zip **02536** Country **USA**

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE *[Signature]* DATE **10/9/00** **LS**

Signature typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00.**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GRAF, PAUL E</b> <b>% AXEL JOHNSON INC., 300 ATLANTIC ST.</b> <b>STAMFORD CT 06901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMORADA, JOSEPH F</b> <b>% AXEL JOHNSON INC., 300 ATLANTIC ST.</b> <b>STAMFORD CT 06901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NEEL, THOMAS H</b> <b>% ADS CORPORATION, 5025 BRADFORD BLVD.</b> <b>HUNTSVILLE AL 35805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>WILLIAMSON, ALLAN J</b> <b>5025 BRADFORD BLVD.</b> <b>HUNTSVILLE AL 35805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>GATES, SIGNE S</b> <b>300 ATLANTIC ST.</b> <b>STAMFORD CT 06901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WYSOCK, STEPHEN J.</b> <b>C/O ADS CORPORATION, 5025 BRADFORD BLVD</b> <b>HUNTSVILLE AL 35805</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAWRENCE D. MILLIGAN</b> <b>% AXEL JOHNSON INC., 300 ATLANTIC STREET</b> <b>STAMFORD, CT 06901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300003493283--7</b> <b>-12/11/00--01036--004</b> <b>****750.00 ****750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>William G. Garland</b> <b>% ADS CORPORATION, 5030 Bradford Dr Bldg 1, Ste 20</b> <b>Huntsville, Alabama 35805</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5030 Bradford Dr. Bldg 1, Ste 210</b> <b>Huntsville, AL 35805</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AS</b> <b>EINER M. ROD</b> <b>300 ATLANTIC STREET</b> <b>STAMFORD, CT 06901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> <b>CRAIG H. Alfson</b> <b>% ADS CORPORATION, 5030 BRADFORD DR B1, STE 210</b> <b>Huntsville, Alabama 35805</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **WILLIAMSON, J. Williamson** Date **October 9, 2000** Daytime Phone # **(256) 430-3366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)