FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 PM 9:01

DOCUMENT # **J91960** **(1)**

1. Corporation Name
ATMOSPHERIC RESEARCH SYSTEMS, INC.

Principal Place of Business	Mailing Address
ARSI C/O LLP 2705 E. MEDINA SUITE III TUCSON AZ 85706	ARSI C/O LLP 2705 E. MEDINA SUITE III TUCSON AZ 85706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/14/1987	07/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-2851097** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 date of signature (REQUIRED) Registered Agent signature required when name changes (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12'	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ZUMBUSCH PATRICK J.	12 NAME	
STREET ADDRESS	2705 E. MEDINA RD., SUITE 111	13 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ 85706	14 CITY ST ZIP	
TITLE	STA	21 TITLE	☐ Change ☐ Addition
NAME	HERTZ ROBERT H.	22 NAME	
STREET ADDRESS	3 NEW ENGLAND EXECUTIVE PARK	23 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON MA 01803	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHIRMAN JACK	32 NAME	
STREET ADDRESS	3 NEW ENGLAND EXECUTIVE PARK	33 STREET ADDRESS	
CITY ST ZIP	BURLINGTON MA 01803	34 CITY ST ZIP	
TITLE	TAS	41 TITLE	☐ Change ☐ Addition
NAME	HINDMAN JOHN H.	42 NAME	
STREET ADDRESS	2705 E. MEDINA RD., SUITE 111	43 STREET ADDRESS	
CITY ST ZIP	TUCSON AZ 85706	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RENO JOHN F.	52 NAME	
STREET ADDRESS	3 NEW ENGLAND EXECUTIVE PARK	53 STREET ADDRESS	
CITY ST ZIP	BURLINGTON MA 01803	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 above, if applicable, or on an attachment with an address.

SIGNATURE: _____ 1/11/95 602 741 2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0401282 FN