

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003749

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** ASSOCIATION FOR SOFTWARE TESTING, INC.

**Current Principal Place of Business:**

1285 DOUGLAS ST, SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

1285 DOUGLAS ST, SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 20-1010345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARBER, SCOTT  
1285 DOUGLAS ST, SE  
PALM BAY, FL 32909 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KELLY, MIKE  
Address: 9850 PLEASANT WAY  
City-St-Zip: INDIANAPOLIS, IN 46280

Title: DVP ( ) Delete  
Name: BARBER, SCOTT  
Address: 1285 DOUGLAS STREET SE  
City-St-Zip: PALM BAY, FL 32909

Title: DVP ( ) Delete  
Name: KANER, CEM  
Address: 1600 SEABURY POINT ROAD NW  
City-St-Zip: PALM BAY, FL 32907

Title: DT ( ) Delete  
Name: GILBERT, DAVID  
Address: 8982 124TH ST.  
City-St-Zip: SEMINOLE, FL 33772

Title: DS (X) Delete  
Name: HAYNES, DAWN M  
Address: 1285 DOUGLAS STREET SE  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SIMO, BEN  
Address: 3450 MIRAGE DRIVE  
City-St-Zip: COLORADO SPRINGS, CO 80920

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

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

Title: DS (X) Change ( ) Addition  
Name: MARTIN, ANNEMARIE  
Address: PO BOX 566592  
City-St-Zip: ATLANTA, GA 31156

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BARBER

DVP

03/20/2009

Electronic Signature of Signing Officer or Director

Date