

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Sep 24 1996 8:00 am
 Secretary of State

DOCUMENT # N95000000139 (4)

1. Corporation Name
 THE ASSOCIATION FOR RETAIL TECHNOLOGY STANDARDS, INC.

Principal Place of Business Mailing Address
 10110 TODAY WAY MIRAMAR FL 33025-3901
 10110 TODAY WAY MIRAMAR FL 33025-3901



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1995		3a. Date of Last Report	
21		26	P.O. Box 15066	4. FEI Number 23-2726688		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State Reading PA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Country		30. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOUTH FLORIDA REGISTERED AGENTS INC. 200 E. LAS OLAS BLVD. STE. 1900 FORT LAUDERDALE FL 33301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLER, RICHARD		1.2 NAME	Mader, Richard	
STREET ADDRESS	4500 PERKLOMEN AVENUE		1.3 STREET ADDRESS	P.O. Box 15066 N/A	
CITY-ST-ZIP	READING PA 19608		1.4 CITY-ST-ZIP	Reading, PA 19612-5066	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, ALLEN		2.2 NAME	Murray, Judy	
STREET ADDRESS	2801 W. TYVOLA ROAD		2.3 STREET ADDRESS	116 Wilbur Place	
CITY-ST-ZIP	CHARLOTTE NC 28217		2.4 CITY-ST-ZIP	Bohemia NY 11731	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'PRAY, JAMES		3.2 NAME	Kochler, Mike	
STREET ADDRESS	10110 TODAY WAY		3.3 STREET ADDRESS	2651 Satellite Blvd	
CITY-ST-ZIP	MIRAMAR FL 33025-3901		3.4 CITY-ST-ZIP	Duluth, GA 30136	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECK, DENNIS		4.2 NAME		
STREET ADDRESS	33 SO. SIXTH STREET		4.3 STREET ADDRESS	000001972940--9	
CITY-ST-ZIP	MINNEAPOLIS MN 55440-1392		4.4 CITY-ST-ZIP	-10/14/96--01039--008	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMMONS, HORACE		5.2 NAME		
STREET ADDRESS	POST OFFICE BOX 631 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAKE FOREST NC 27588		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAWROT, RICHARD E		6.2 NAME		
STREET ADDRESS	TWO PERSHING SQUARE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64141		6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* CHAIRMAN 8/18/96 610-929-7321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)