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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:12

DOCUMENT # P20310 (9)

1. Corporation Name
ADVANCED TECHNOLOGY SERVICES, INC.

Principal Place of Business

8201 N. UNIVERSITY
PEORIA IL 61615
US

Mailing Address

8201 N. UNIVERSITY
PEORIA IL 61615
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

06/28/1994

4. FEI Number

37-1174273

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BLAUDOW, RICHARD W.**
STREET ADDRESS **8201 N UNIV ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **S**
NAME **GRESHAM, DIANNE**
STREET ADDRESS **8201 N UNIV ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D**
NAME **WOGSLAND, JAMES W.**
STREET ADDRESS **8201 N UNIV ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D**
NAME **DESPAIN, JAMES E.**
STREET ADDRESS **8201 N UNIV ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D**
NAME **OBERLANDER, JAMES D.**
STREET ADDRESS **8201 N UNIV ST**
CITY-ST-ZIP **PEORIA IL**

TITLE **D**
NAME **TURNER, RONALD L.**
STREET ADDRESS **8201 N UNIV ST**
CITY-ST-ZIP **PEORIA IL**

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SHERILL WEST

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John J. Rainey **V.P. Finance**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95

Date

Signature Page #

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**ADVANCED TECHNOLOGY SERVICES, INC.
1995 FLORIDA ANNUAL REPORT**

OFFICERS

**NAME
STREET/RT
CITY/STATE/ZIP**

**VERN R. LEFLER - VP/OPERATIONS
8201 N. UNIVERSITY ST.
PEORIA, IL 61615**

**NAME
STREET/RT
CITY/STATE/ZIP**

**JOHN L. RAINEY - VP/FINANCE, TREASURER
8201 N. UNIVERSITY ST.
PEORIA, IL 61615**

DIRECTORS

**NAME
STREET/RT
CITY/STATE/ZIP**

**GERALD PALMER
8201 N. UNIVERSITY ST.
PEORIA, IL 61615**

**NAME
STREET/RT
CITY/STATE/ZIP**

**RUDOLF W. WUTTKE
8201 N. UNIVERSITY ST.
PEORIA, IL 61615**