FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P20310** **(9)**

1. Corporation Name

ADVANCED TECHNOLOGY SERVICES, INC.

Principal Place of Business	Mailing Address
8201 N. UNIVERSITY PEORIA IL 61615 US	8201 N. UNIVERSITY PEORIA IL 61615 US

3. Date Incorporated or Qualified: **08/02/1988**

3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 27:

City & State — 28:

Zip — 29: Country — 30:

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. 199.032, Florida Statutes ☐ Yes ☒ No

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 _____ (NOTE: Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAUDOW, RICHARD W.		1.2 NAME		
STREET ADDRESS	8201 N UNIV ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRESHAM, DIANNE		2.2 NAME		
STREET ADDRESS	8201 N UNIV ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEST, SHERRIL		3.2 NAME		
STREET ADDRESS	8201 N UNIV ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DESPAIN, JAMES E.		4.2 NAME		
STREET ADDRESS	8201 N UNIV ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	OBERLANDER, JAMES D.		5.2 NAME	OBERLENDER, JAMES D.	
STREET ADDRESS	8201 N UNIV ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, RONALD L.		6.2 NAME		
STREET ADDRESS	8201 N UNIV ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: John L Rainey JOHN L. RAINEY V. P. FINANCE 4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADVANCED TECHNOLOGY SERVICES, INC.
1996 FLORIDA ANNUAL REPORT

OFFICERS

NAME	JOHN L. RAINEY-TREASURER / VP
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

NAME	VERN R. LEFLER - VP
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

NAME	STEPHEN WELCH - VP
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

NAME	JOHN MCELLIN - VP
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

NAME	JOHN SEMMELROTH - VP
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

DIRECTORS

NAME	GERALD PALMER
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

NAME	GERALD L. SHAHEEN
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615

NAME	F. LYNN MCPHEETERS
STREET/RT	8201 N. UNIVERSITY ST.
CITY/STATE/ZIP	PEORIA, IL 61615