

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

8201 N. UNIVERSITY  
PEORIA IL 61615  
US

Mailing Address

8201 N. UNIVERSITY  
PEORIA IL 61615-1844  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

05/01/1996

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAUDOW, RICHARD W.	
STREET ADDRESS	8201 N UNIV ST	
CITY - ST - ZIP	PEORIA IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRESHAM, DIANNE	
STREET ADDRESS	8201 N UNIV ST	
CITY - ST - ZIP	PEORIA IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, SHERRIL	
STREET ADDRESS	8201 N UNIV ST	
CITY - ST - ZIP	PEORIA IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESPAIN, JAMES E.	
STREET ADDRESS	8201 N UNIV ST	
CITY - ST - ZIP	PEORIA IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OBERLENDER, JAMES D	
STREET ADDRESS	8201 N UNIV ST	
CITY - ST - ZIP	PEORIA IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	J. RANDAL GRESHAM
3.4 CITY - ST - ZIP	8201 N. UNIVERSITY ST. PEORIA, IL 61615
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VKS PRESIDENT
4.3 STREET ADDRESS	JOHN L. RAINBY
4.4 CITY - ST - ZIP	8201 N. UNIVERSITY PEORIA, IL 61615
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

*J. Randal Gresham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-97

Date

309-693-4000

Daytime Phone #

CR2E034 (9/96)