



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90402 003 \*\*\*150.00

<b>DOCUMENT # P20310</b> 1. Entity Name <b>ADVANCED TECHNOLOGY SERVICES, INC.</b>					
Principal Place of Business <b>8201 N. UNIVERSITY</b> <b>PEORIA, IL 61615 US</b>			Mailing Address <b>8201 N. UNIVERSITY</b> <b>PEORIA, IL 61615 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">14013648</div> 	
City & State		City & State		04262005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>37-1174273</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAUDOW, RICHARD W.		NAME	JEFFREY A. OWENS	
STREET ADDRESS	8201 N UNIV ST		STREET ADDRESS	8201 N. UNIVERSITY ST	
CITY-ST-ZIP	PEORIA, IL		CITY-ST-ZIP	PEORIA, IL 61615	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESHAM, DIANNE		NAME		
STREET ADDRESS	8201 N UNIV ST		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINEY, JOHN L		NAME		
STREET ADDRESS	8201 N. UNIVERSITY		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DANIEL S		NAME		
STREET ADDRESS	635 WEED STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN, CT 06840		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDIS, HOWARD		NAME		
STREET ADDRESS	36 GROVE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN, CT 06840		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONESE, EUGENE P JR		NAME	CONESE, EUGENE P. JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	75 ARROWHEAD TRL		STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN, CT 06840		CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John L Rainey</u> <span style="float: right;">4/28/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

# ATTACHMENT

Advanced Technology Services, Inc.  
List of Additional Officers

14013048  
# P20310

<u>Name</u>	<u>Title</u>	<u>Address</u>
Vern R. Lefler	Vice President	8201 N. University St., Peoria, IL 61615
Richard E. Travis	Vice President	8201 N. University St., Peoria, IL 61615
Ronald F. Inghilterra	Vice President	8201 N. University St., Peoria, IL 61615
James Cote	Vice President	8201 N. University St., Peoria, IL 61615
Don Johnson	Vice President	8201 N. University St., Peoria, IL 61615
Mark W. Shull	Vice President	8201 N. University St., Peoria, IL 61615

Advanced Technology Services, Inc.  
List of Additional Directors

<u>Name</u>	<u>Address</u>
Richard W. Blaudow	8201 N. University St., Peoria, IL 61615