

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20310

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ADVANCED TECHNOLOGY SERVICES, INC.

## Current Principal Place of Business:

8201 N. UNIVERSITY  
PEORIA, IL 61615 US

## New Principal Place of Business:

## Current Mailing Address:

8201 N. UNIVERSITY  
PEORIA, IL 61615 US

## New Mailing Address:

FEI Number: 37-1174273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OWENS, JEFFREY A  
Address: 8201 N UNIV ST  
City-St-Zip: PEORIA, IL 61615

Title: S ( ) Delete  
Name: RAINEY, JOHN L  
Address: 8201 N UNIV ST  
City-St-Zip: PEORIA, IL

Title: VP ( ) Delete  
Name: RAINEY, JOHN L  
Address: 8201 N. UNIVERSITY  
City-St-Zip: PEORIA, IL

Title: D ( ) Delete  
Name: JONES, DANIEL S  
Address: 635 WEED STREET  
City-St-Zip: NEW CANAAN, CT 06840

Title: D ( ) Delete  
Name: BLAUDOW, RICHARD  
Address: 8201 N UNIVERSITY ST  
City-St-Zip: PEORIA, IL 61615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L RAINEY

S

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date