

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90458 027 ***150.00

0672390 MB

DOCUMENT # P20310

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **37-1174273**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VP	<input type="checkbox"/> Delete
NAME	RAINEY, JOHN L	
STREET ADDRESS	8201 N. UNIVERSITY	
CITY-ST-ZIP	PEORIA IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DANIEL S	
STREET ADDRESS	635 WEED STREET	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDIS, HOWARD	
STREET ADDRESS	36 GROVE STREET	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE P. CONESE, JR.	
STREET ADDRESS	75 ARROWHEAD TRAIL	
CITY-ST-ZIP	NEW CANAAN, CT 06840	

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: _____

John L. Rainey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
80092925
P20310

Advanced Technology Services, Inc.
List of Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Vern R. Lefler	Vice President	8201 N. University St., Peoria, IL 61615
John R. McEllin	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