FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29908 (1)

1. Corporation Name
AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
5440 JEFFERSON DAVIS HWY. FREDERICKSBURG VA 22407	5440 JEFFERSON DAVIS HWY. FREDERICKSBURG VA 22407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7305991 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEATON, JAMES L.
708 COMMERCE WAY
JUPITER FL 33458

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	DE VELDE, JAMES V	1.2 NAME	VAN DE VELDE, JAMES	
STREET ADDRESS	880 N ADDISON RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	VILLA PARK IL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	RATHBURN, ROGER	2.2 NAME		
STREET ADDRESS	6742 LOVERS LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORTAGE MI	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	GARRETT, ROBERT M.	3.2 NAME		
STREET ADDRESS	5440 JEFFERSON DAVIS HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	FREDERICKSBURG VA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FRED	4.2 NAME		
STREET ADDRESS	5600 MIDWAY RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SWANSTON, KELLY	5.2 NAME	SWANSTON, KELLY	
STREET ADDRESS	922 WEST 1ST ST	5.3 STREET ADDRESS	1440 SOUTH PRIEST, SUITE 104	
CITY-ST-ZIP	TEMPE AZ	5.4 CITY-ST-ZIP	TEMPE, AZ 85281	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	ROSS, HENRY	6.2 NAME	ROSS, HENRY	DELETE
STREET ADDRESS	13947 SPRINGS DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLIFTON VA	6.4 CITY-ST-ZIP		

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

SIGNATURE: Robert M Hamett 3-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073085