

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29908** (1)
1. Corporation Name
AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION, IN C.

Principal Place of Business 5440 JEFFERSON DAVIS HWY. FREDERICKSBURG VA 22407	Mailing Address 5440 JEFFERSON DAVIS HWY. FREDERICKSBURG VA 22407
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/26/1990	4. FEI Number 23-7305891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D VAN DE VELDE, JAMES
STREET ADDRESS	880 N ADDISON RD.
CITY-ST-ZIP	VILLA PARK IL
TITLE	<input type="checkbox"/> DELETE
NAME	P RATHBURN, ROGER
STREET ADDRESS	6742 LOVERS LANE
CITY-ST-ZIP	PORTAGE MI
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S GARRETT, ROBERT M.
STREET ADDRESS	5440 JEFFERSON DAVIS HWY
CITY-ST-ZIP	FREDERICKSBURG VA
NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	JOHNSON, FRED
CITY-ST-ZIP	5000 MIDWAY RD.
TITLE	<input type="checkbox"/> DELETE
NAME	PED GRIGGS, KEITH
STREET ADDRESS	6811 DIXIE DRIVE
CITY-ST-ZIP	HOUSTON TX
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D (Exec Director)
3.3 STREET ADDRESS	WENTZ, ROGER A
3.4 CITY-ST-ZIP	5440 Jefferson Davis Hwy
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	STERNDahl, DENNIS
6.4 CITY-ST-ZIP	1621 First St
	San Fernando CA 91340

14. 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 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:  3/30/98 540-898-5400

CR2E037 (10/97)