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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90062 048 \*\*\*\*61.25

DOCUMENT # P29908

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



2. Principal Place of Business

21 15 Riverside Pkwy  
Suite, Apt. #, etc.

22 Suite 100

23 Fredericksburg, VA  
City & State

24 22406 25 USA  
Zip Country

2a. Mailing Address

26 15 Riverside Pkwy  
Suite, Apt. #, etc.

27 Suite 100

28 Fredericksburg, VA  
City & State

29 22406 30 USA  
Zip Country

3. Date Incorporated or Qualified

06/26/1990

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

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 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VAN DE VELDE, JAMES

STREET ADDRESS 880 N ADDISON RD.

CITY-ST-ZIP VILLA PARK IL

TITLE ☐ DELETE

NAME RATHBURN, ROGER

STREET ADDRESS 6742 LOVERS LANE

CITY-ST-ZIP PORTAGE MI

TITLE ☐ DELETE

NAME WENTZ, ROGER A.

STREET ADDRESS 5440 JEFFERSON DAVIS HWY.

CITY-ST-ZIP FREDERICKSBURG VA 22407

TITLE ☐ DELETE

NAME STERNDahl, DENNIS

STREET ADDRESS 1621 FIRST ST.

CITY-ST-ZIP SAN FERNANDO CA 91340

TITLE ☐ DELETE

NAME GRIGGS, KEITH

STREET ADDRESS 6811 DIXIE DRIVE

CITY-ST-ZIP HOUSTON TX

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

540-368-1701

Daytime Phone #

CR2E037 (11/98)

0082749