
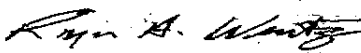


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P29908</b>		
1. Entity Name AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION, INC.		
Principal Place of Business 15 RIVERSIDE PKWY SUITE #100 FREDRICKSBURG, VA 22406 US		Mailing Address 15 RIVERSIDE PKWY SUITE #100 FREDRICKSBURG, VA 22406 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		04282005 No Chg-NP CR2E037 (10/03)
4. FEI Number 23-7305991		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  BROWNLIE, ROBERT M JR PROF. PAVEMENT TECHNICIANS 3800 NW 32ND AVENUE MIAMI, FL 33142		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<p>U00000360475 05/05/05-80035-002 61.25</p>          <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP HOLST, KATHLEEN 12235 DISK DRIVE ROMEONVILLE, IL 60441	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSWAIN, TOM 815 N. BLOODWORTH STREET RALEIGH, NC 27604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENTZ, ROGER A. 15 RIVERSIDE PARKWAY STE 100 FREDERICKSBURG, VA 22406	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP STERND AHL, DENNIS 11861 BRANFORD STREET SUN VALLEY, CA 91352	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPEER, PETER 3110 70TH AVE E. TACOMA, WA 98424	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/28/05 Daytime Phone #: 540-368-1701