
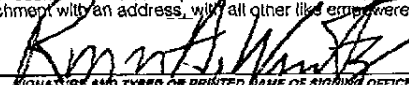


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P29908</b> 1. Entity Name <b>AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION, INC.</b>		
Principal Place of Business <b>15 RIVERSIDE PKWY SUITE #100 FREDRICKSBURG, VA 22406 US</b>	Mailing Address <b>15 RIVERSIDE PKWY SUITE #100 FREDRICKSBURG, VA 22406 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BROWNLEE, ROBERT M JR PROF. PAVEMENT TECHNICIANS 3800 NW 32ND AVENUE MIAMI, FL 33142</b>		<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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</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 MCSWAIN, 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 STERNOAHL, 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	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
<b>SIGNATURE:</b> 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number **23-7305991** Applied For ☐ Not Applicable

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

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04/11/06-80062-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

1/11/06 540-368-1701  
Date Daytime Phone