

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90069 008 \*\*\*\*61.25

**DOCUMENT # P29908**

1. Entity Name

**AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION, IN C.**



Principal Place of Business

**15 RIVERSIDE PKWY  
SUITE #100  
FREDRICKSBURG VA 22406  
US**

Mailing Address

**15 RIVERSIDE PKWY  
SUITE #100  
FREDRICKSBURG VA 22406  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7305991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BORNSTINE, KAREN  
3752 COPELAND ROAD  
ZEPHYRHILLS FL 33540**

**33542**

7. Name and Address of New Registered Agent

Name **Robert M. Brownlee, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**PROF. PAVEMENT TECHNICIANS**

**12864 Biscayne Blvd., Ste. 179**

City **North Miami**

**FL**

Zip Code **33181**

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

*Robert M. Brownlee, Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/1/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLST, KATHLEEN</b> <b>12225 DISK DRIVE</b> <b>LOCKPORT IL 60441</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCSWAIN, TOM</b> <b>815 N. BLOODWORTH STREET</b> <b>RALEIGH NC 27604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WENTZ, ROGER A.</b> <b>15 RIVERSIDE PARKWAY STE 100</b> <b>FREDRICKSBURG VA 22406</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>STERND AHL, DENNIS</b> <b>11861 BRANFORD STREET</b> <b>SUN VALLEY CA 91352</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEATON, JAMES R</b> <b>180 RIVER ROAD</b> <b>RIO VISTA CA 94571</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12225 Disk Drive</b> <b>Romeoville, IL 60441</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

*Roger A. Wentz*

CR2E037 (10/02)