2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2001 8:00 am Secretary of State DOCUMENT # P96000054250 ANALYTICAL RESEARCH SYSTEMS (ARS), INC. 05-12-2001 90043 022 ***158.75 Principal Place of Business Mailing Address 12109 S HWY US 441 POST OFFICE BOX 140218 MICANOPY FL 32667 GAINESVILLE FL 32614-0218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3386389 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANUKIAN, LLOYD S ESQ. Street Address (P.O. Box Number is Not Acceptable) 10 WEST ADAMS ST. 3RD FLOOR JACKSONVILLE FL 32202 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MANUKIAN, ARA NAME STREET ADDRESS 4909 NW 71ST PLACE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change STROHSCHEIN, RUDOLPH NAME STREET ADDRESS ROUTE 2, BOX 83 HIGHWAY US 441 STREET ADDRESS CITY-ST-ZIP MICANOPY FL 32667 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME MANUKIAN, LLOYD S NAME STREET ADDRESS 4888 TREVI DRIVE STREET ADDRESS CITY-ST-7/F JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_--13. I hereby certify that the information supplied with this illing 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 supplied reports the and accurate and nat my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or suppler of the corporation or the receive of I hat my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment