2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr. 19, 2004 08:00 AM
Secretary of State

Analytical Research
Systems (ARS), Inc.
[illegible]
Gainesville, Florida 32614

DOCUMENT # P96000054250

1. Entity Name
ANALYTICAL RESEARCH SYSTEMS (ARS), INC.

Principal Place of Business
12109 S HWY US 441
MICANOPY, FL 32667 US

Mailing Address
POST OFFICE BOX 140218
GAINESVILLE, FL 32614-0218

03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3386389

Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANUKIAN, LLOYD S ESQ.
10 WEST ADAMS ST.
3RD FLOOR
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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 NO CHANGE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

APR 15 2004

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000118566
04/19/04-80064-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MANUKIAN, ARA
STREET ADDRESS	4909 NW 71ST PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VD
NAME	STROHSCHEIN, RUDOLPH
STREET ADDRESS	ROUTE 2, BOX 83 HIGHWAY US 441
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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] Ara Manukian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Design Engineer
ARS-FLORIDA
59-3386389
APR 15 2004 352.466.0051
Date Daytime Phone #