

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839997 (4)

1. Corporation Name

American Testing + Engineering Corporation

Principal Place of Business: 8665 Bash St. P.O. Box 501970 INDIANAPOLIS, IN 46250
Mailing Address: 8665 Bash St. P.O. Box 501970 INDIANAPOLIS, IN 46250

3. Date Incorporated or Qualified: 2-10-78
3a. Date of Last Report: 2-2-95

2. Principal Place of Business (21-24):
2a. Mailing Address (25-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 35-1122828
Applied For: Not Applicable
5. Certificate of Status Desired: X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT Corporation System, 1200 S. Pine Island Road, Plantation, FL 33324
10. Name and Address of New Registered Agent (81-85):

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] Signature typed or printed name of registered agent and the corporation (B)(1) Registered Agent signature required when registering DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------|--|---|---|
| TITLE: PD | NAME: Mann, G.D. | 1.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 8102 Bayberry Ct | CITY-STATE-ZIP: INDIANAPOLIS, IN 46250 | 1.2 NAME: | |
| TITLE: VP | NAME: Peter Bergmen | 1.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 8665 Bash St | CITY-STATE-ZIP: INDIANAPOLIS, IN 46250 | 1.4 CITY-STATE-ZIP: | |
| TITLE: WAYNE Renner CFO | NAME: Wayne Renner | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 8665 Bash St | CITY-STATE-ZIP: INDIANAPOLIS, IN 46250 | 2.2 NAME: | |
| TITLE: VP | NAME: Straube, Michael | 2.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 9455 NW 116 Way | CITY-STATE-ZIP: MIAMI, FL 33178 | 2.4 CITY-STATE-ZIP: | |
| TITLE: SD | NAME: Mann EDNA | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 8102 Bayberry Ct | CITY-STATE-ZIP: INDIANAPOLIS, IN 46250 | 3.2 NAME: | |
| TITLE: AV | NAME: Morton, Randy | 3.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 8665 Bash St | CITY-STATE-ZIP: INDIANAPOLIS, IN 46250 | 3.4 CITY-STATE-ZIP: | |
| | | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME: | |
| | | 4.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.4 CITY-STATE-ZIP: | |
| | | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME: | |
| | | 5.3 STREET ADDRESS: | |
| | | 5.4 CITY-STATE-ZIP: | |
| | | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME: | |
| | | 6.3 STREET ADDRESS: | |
| | | 6.4 CITY-STATE-ZIP: | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Assoc. V.P./ Controller 3-4-96 (317) 577-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

CR2E034 (12/95)