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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 839997 (4)
1. Corporation Name
AMERICAN TESTING AND ENGINEERING CORPORATION



Principal Place of Business: 8665 BASH STREET, P.O. BOX 501970, INDIANAPOLIS IN 46250-8970
Mailing Address: 8665 BASH STREET, P.O. BOX 501970, INDIANAPOLIS IN 46250-8970

3. Date Incorporated or Qualified: 02/10/1978
3a. Date of Last Report: 03/06/1996
4. FEI Number: 35-1122828
5. Certificate of Status Desired: \$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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
25 Country
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Zip Country

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: MANN, G D
STREET ADDRESS: 8102 BAYBERRY CT
CITY-ST-ZIP: INDIANAPOLIS, IND 00000
TITLE: CFO
NAME: RENNER, WAYNE
STREET ADDRESS: 8665 BASH ST
CITY-ST-ZIP: INDIANAPOLIS IN 46250
TITLE: V
NAME: BERGMAN, PETER
STREET ADDRESS: 8885 BASH ST.
CITY-ST-ZIP: INDIANAPOLIS IN 46250
TITLE: V
NAME: STRAUBE, MICHAEL H.
STREET ADDRESS: 9955 NW 116 WAY
CITY-ST-ZIP: MIAMI FL 33178
TITLE: SD
NAME: MANN, EDNA
STREET ADDRESS: 8102 BAYBERRY CT
CITY-ST-ZIP: INDIANAPOLIS, IND 00000
TITLE: AV
NAME: HABERSTROH, MARK
STREET ADDRESS: 8665 BASH STREET
CITY-ST-ZIP: INDIANAPOLIS IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME: Block, MARK
2.3 STREET ADDRESS: 8665 Bash St
2.4 CITY-ST-ZIP: INDIANAPOLIS, IN 46250
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: X Mark Haberstroh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1-6-97
DAYTIME PHONE: (317) 849-0452

CR2E034 (9/96)