

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 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)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANN, G D	
STREET ADDRESS	8102 BAYBERRY CT	
CITY- ST- ZIP	INDIANAPOLIS, IND 00000	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	RENNER, WAYNE	
STREET ADDRESS	8665 BASH ST	
CITY- ST- ZIP	INDIANAPOLIS IN 46250	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERGMAN, PETER	
STREET ADDRESS	8665 BASH ST.	
CITY- ST- ZIP	INDIANAPOLIS IN 46250	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STRAUBE, MICHAEL H.	
STREET ADDRESS	9955 NW 116 WAY	
CITY- ST- ZIP	MIAMI FL 33178	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANN, EDNA	
STREET ADDRESS	8102 BAYBERRY CT	
CITY- ST- ZIP	INDIANAPOLIS, IND 00000	
TITLE	AV	<input checked="" type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Block, MARK
2.3 STREET ADDRESS	8665 Bash St
2.4 CITY- ST- ZIP	INDPLS, IN 46206
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)