2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # F00000004190 COBÚRN ANALYTICAL SERVICES, INC. Principal Place of Business Mailing Address 72 N. CHILDREN'S HOME RD. 72 N. CHILDREN'S HOME RD. TROY, OH 45373 TROY, OH 45373 02132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 31-1584291 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, BOBBY DO NOT WRITE 258 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548 IN THIS SPACE B. 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000088815 5/04-86067-005 10. រោម PTD NAME COBURN, JAMES K 72 N. CHILDREN'S HOME RD. STREET ADDRESS CITY+ST-ZIP TROY, OH TITLE VSD COONS, TIMOTHY C STREET ADDRESS 7011 WINTER HILL COURT CITY-ST-ZIP DAYTON, OH TITLE NAME STREET ADDRESS DO NOT WRITE CHTY+ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City - St- ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 charged, or on an attachment with an address, with all other Miss empowered.

BILE NAME STREET ADDRESS CITY-ST-ZIP

FILED