

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90043 031 ***236.25

DOCUMENT # N94000000669

1. Entity Name
INTERNATIONAL ASSOCIATION OF LAW ENFORCEMENT INT *R*

Principal Place of Business: **3101 COMMERCE PKWY, MIRAMAR FL 33025, US**
 Mailing Address: **P O BOX 6385, LAWRENCEVILLE NJ 08648-0385, US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3101 Commerce Parkway**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 6385**
 Suite, Apt. #, etc.

City & State: **Miramar, FL**
 Zip: **33025** Country: **US**

City & State: **Lawrenceville, NJ**
 Zip: **08648-0385** Country: **US**

4. FEI Number: **52-1211212** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOLLINGER, MAUREEN C
3101 COMMERCE PARKWAY
MIRAMAR FL 33025

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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.

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: PETERSON, MARILYN B STREET ADDRESS: 73 GORDON AVE. CITY-ST-ZIP: LAWRENCEVILLE NJ 08648	<input checked="" type="checkbox"/> Delete
TITLE: VPT NAME: MARTINEZ, RICHIE STREET ADDRESS: 6868 SOUTH PLUMER CITY-ST-ZIP: TUCSON AZ 85706	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: HOLLINGER, MAUREEN C STREET ADDRESS: 3101 COMMERCE PKWY CITY-ST-ZIP: MIRAMAR FL	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: ZENDROWSKI, PAUL G STREET ADDRESS: 191 LAURIER AVE W 18TH FLOOR CITY-ST-ZIP: OTTAWA ON	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MARTINEZ, RICHIE STREET ADDRESS: 6868 SOUTH PLUMER CITY-ST-ZIP: TUCSON, AZ 85706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DANNY TAYLOR STREET ADDRESS: 7401 BEAUFONT SPRINGS DR. #300 CITY-ST-ZIP: RICHMOND, VA 23235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPT NAME: LISA PALMIERI STREET ADDRESS: 101 ARCH ST. #600 CITY-ST-ZIP: BOSTON, MA 02110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *DANNY TAYLOR* **DANNY TAYLOR** **7-15-00** **804-323-3932**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)