2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 12, 2001 8:00 am DOGLMENT # N9400000669 Secretary of State 1. Entity Name 02-12-2001 90256 022 ****61.25 INTERNATIONAL ASSOCIATION OF LAW ENFORCEMENT INT Principal Place of Business Mailing Address 3101 COMMERCE PKWY P O BOX 6385 MIRAMAR FL 33025 LAWRENCEVILLE NJ 08648-0385 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ·City & State - City & State 4. FEI Number Applied For 52-1211212 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOLLINGER, MAUREEN C 3101 COMMERCE PARKWAY MIRAMAR FL 33025 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 **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. mantiney, Richie - PRESIDENT Schange Addition TITLE TITLE PETERSON, MARILYN B NAME NAME 6868 SOUTH PLUMER 73 GORDON AVE. STREET BUILDING STREET ADDRESS TUCSON, AZ CITY-ST-ZIP LAWRENCEVILLE NJ 08648 PEASURFR Addition Change TITLE TITLE DANHY-TAYLOR, J.R. DE. #300 NAME MARTINEZ, RICHIE NAME 7401 BEAUFONT SPEINGS 6868 SOUTH PLUMER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TUCSON AZ 85706 RICHMOND, VA Dejete **Addition** TITLE Change TITLE LISA PALMIERI 101 A RCH ST. #600 HOLLINGER, MAUREEN C NAME NAME 3101 COMMERCE PKWY STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP CITY-ST-ZIP BOSTON, MA GAILO □ Delete TITLE [] Change Addition ZENDRÓWSKI, PAUL G NAME NAME STREET ADDRESS STREET ADDRESS 191 LAURIER AVE W 18TH FLOOR CITY-ST-ZIP CITY-ST-ZIP OTTAWA ON TITLE Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ke empowered

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