

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 015 ****61.25

DOCUMENT # N94000000669
1. Entity Name
International Association of Law Enforcement Intelligence Analysts

DO NOT WRITE IN THIS SPACE

00100

2. Principal Place of Business
3101 COMMERCE PKWY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 6385
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR FL

City & State
LAWRENCEVILLE NJ

Zip
33025 Country
US

Zip
08648-0385 Country
US

4. FEI Number
52-1211212

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MAUREEN HOLLINGER

Street Address (P.O. Box Number is Not Acceptable)
3101 COMMERCE PARKWAY

City
MIRAMAR FL Zip Code
33025

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 [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 4-4-02

FEE IS \$61.25
Initial or Amended UBR

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 <u>P</u> NAME <u>RITCHIE MARTINEZ</u> STREET ADDRESS <u>6868 SOUTH PLUMER</u> CITY-ST-ZIP <u>TUCSON, AZ 85706</u>	<u>(D)</u>
TITLE <u>V</u> NAME <u>LISA PALMIERI</u> STREET ADDRESS <u>101 ARCH ST. #600</u> CITY-ST-ZIP <u>BOSTON, MA-02110</u>	<u>(D)</u>
TITLE <u>S</u> NAME <u>PAUL ZENDROWSKI</u> STREET ADDRESS <u>191 LAURIER AVE, W 18TH FLOOR</u> CITY-ST-ZIP <u>OTTAWA, ON</u>	<u>(D)</u>
TITLE <u>T</u> NAME <u>DANNY TAYLOR</u> STREET ADDRESS <u>7401 BEAUFONT SPRINGS DR, #300</u> CITY-ST-ZIP <u>RICHMOND, VA 23225</u>	<u>(D)</u>
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowerers.

SIGNATURE: [Signature] DANNY TAYLOR/TREASURER 4-4-02 804-323-3982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

@ 333