N 1,4	FILE NO	W: FILING	3 FEE IS \$61	.25	1 <b></b>								
CORP ANNŮA	NPROFIT PORATION JAL REPORT 1996		FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORF		rtham State								
DOCUM 1. Corporation I	ENT # I		tal Toxicolo	ogy a	nd	l							
Chemi Principal Place	stry		Mailing Address				_						
1010	N. 12th	Avenue L 32501	same				2	Date Incorporated or Q	nualified	3a. Date	of Last F	Report	_
								3/9/92		3,	/14/9		_
2. Principal Pla	ice of Business		2a. Mailing Address				1	FEI Number 2 – 1184315				pplied For ot Applicat	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				- +	Certificate of Status De	sired	ΚK	\$8.75	Additional equired	
City & State 23			City & State				-   -	Election Campaign Fin Trust Fund Contribution	n		Added	May Be to Fees	_
Zıp	Zip Country Zip 30						, l	This corporation has lia Florida Statutes Name and Address o	L	_Yes L_	No	s. 199.032,	·
	9. Name and A	ddress of Current F	Registered Agent		81	Name	10.	Name and Address o	I INCM FILE	giate eu x	90.K		
1010	ish, Rod North 1 acola, F	2th Avenu	te		82 83		ddress (P.	O. Box Number is Not	Acceptab	le)	<b>85</b> Zip	Code	
-					84	City				<u>FL</u>	1 1		rod
agent. I ar	to the provisions of egistered agent, or m familiar with, and	Sections 617.0502 a both, in the State of d accept the obligation	and 617.1508, Florida Statu Florida. Such change was ons of, Section 617.0503, F	lorida Sta	tutes	S.			eby accer		intment a	s registere	_
SIGNATURE _	Signature typed or printe	d name of registered agent of	and the sapp and	TE Register		ent signature re	equired when	reinstating) ADDITIONS/CHANGES	TO OFFIC	DATE CERS AND	DIRECTO	ORS IN 12	
12.	D	OFFICERS AND	DIRECTORS		TITLE	- T		1001101101			Change	Add	lition 3
NAME	P  William  Universi	H. Benson	n ssissippi		name Stree!	ADORESS							· · · · · · · · · · · · · · · · · · ·
CHY.SLZP Hiniversity, MS 38677						1.4 CITY-ST-ZIP					Change	e []Add	
TITLE	VP	4. Wolter	[_] DELETE		TITLE NAME	l							
STREET ADDRESS 4350 North Fairfax Drive					2 3 STREET ADDRESS								ļ
CITY-SI-ZIP Arlington, VA 22203					2 4 CITY-ST-ZIP 3 1 TITLE						Chang	e Add	dition
NAME Donald J. Versteeg					3 2 NAME								
	15299 Spi	ring Grov	e Avenue	3 3	STREE	T ADDRESS							
CITY - ST - ZIP	Cincinna	ati, OH 4	5217 <u> </u>		CITY-	-ST-ZIP	ļ. <u> </u>				Chang	e Ad	dition
TITLE	PP	. Hodson	DELETE		NAMI								
NAME STREET ADDRESS	Oueen's	. Houson Universi	ty CANADA			ET ADDRESS							
CITY - ST - ZIP	Kingsto	n, Ontari	o K7L 3N6			ST - ZIP		80000	7 7		II. Elikano	ye ∏Ad	dition
TIFLE	D		DELETE		TITLE NAME			-03/22/96 -03/22/96	.a. ∦ 3 3011	_,n  11N			
NAME STREET ADDRESS	NAME Foster L. Mayer STREEL ADDRESS One Sabine Island Drive					ET ADORESS		***70.00	. 01.				

1010 North 12th Avenue Pensacola, FL 32501 6 4 CITY - ST - ZIP 14. I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this angual 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 any 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 12 br Block 13 if changed, or pri an attribute with an address.

6 3 STREET ADDRESS

5 4 CITY-ST-ZIP

61 TITLE

62 NAME

DELETE

SIGNATURE:

Gulf Breeze, FL 32561

Rodney Parrish

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Executive Director 904-469-1500 odney Parrish Daytime Phone #

Change