

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 14 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # 303573  
1. Corporation Name  
FORENSIC ANALYSIS & ENGINEERING CORPORATION

Principal Place of Business OLD  
3003 REDWOOD AVE  
LAKELAND, FLORIDA 33803

Mailing Address  
SAME

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                         |        |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 5301 CAPITAL BLVD<br>Suite, Apt. #, etc.<br>22 SUITE - A<br>City & State<br>23 RALEIGH, NC<br>Zip<br>24 27616-2956 | 25 USA | 26. Mailing Address<br>26 PO BOX 386<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Clearwater, FL<br>Zip<br>29 33757-0386<br>Country<br>30 USA |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>3-31-66                                                                                                                            | 4. FEI Number<br>59-1152131    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                               |

9. Name and Address of Current Registered Agent  
STANLEY S. KOCHAN  
3003 REDWOOD AVE  
LAKELAND, FLORIDA 33803

|                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent<br>81 Name<br>STANLEY S. KOCHAN<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>801 CHESTNUT ST., STE-1509<br>83<br>84 City<br>CLEARWATER<br>FL<br>85 Zip Code<br>33756 |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's directors. I hereby certify that I am a director of the corporation and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE: Robert K. Kochan, President/CEO Stanley S. Kochan, Director 04/07/98

|                                                                           |                                                |
|---------------------------------------------------------------------------|------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                |                                                |
| TITLE<br>PRESIDENT & CEO / DIRECTOR <input type="checkbox"/> DELETE       | NAME<br>ROBERT K. KOCHAN                       |
| STREET ADDRESS<br>7608 WINGFOOT DRIVE                                     | CITY-ST-ZIP<br>RALEIGH, NC 27615-2956          |
| TITLE<br>V-PRESIDENT / DIRECTOR <input type="checkbox"/> DELETE           | NAME<br>DAVID J. HALEY                         |
| STREET ADDRESS<br>8 DUDLEY CIRCLE                                         | CITY-ST-ZIP<br>DURHAM, NC 27703                |
| TITLE<br>SECRETARY / TREASURER / DIRECTOR <input type="checkbox"/> DELETE | NAME<br>APRIL B. KOCHAN                        |
| STREET ADDRESS<br>7608 WINGFOOT DRIVE                                     | CITY-ST-ZIP<br>RALEIGH, NC 27615-2956          |
| TITLE<br>DIRECTOR <input type="checkbox"/> DELETE                         | NAME<br>STANLEY S. KOCHAN                      |
| STREET ADDRESS<br>801 CHESTNUT ST., SUITE 1509                            | CITY-ST-ZIP<br>CLEARWATER, FLORIDA 33756       |
| TITLE<br><input type="checkbox"/> DELETE                                  | NAME<br><input type="checkbox"/> DELETE        |
| STREET ADDRESS<br><input type="checkbox"/> DELETE                         | CITY-ST-ZIP<br><input type="checkbox"/> DELETE |
| TITLE<br><input type="checkbox"/> DELETE                                  | NAME<br><input type="checkbox"/> DELETE        |
| STREET ADDRESS<br><input type="checkbox"/> DELETE                         | CITY-ST-ZIP<br><input type="checkbox"/> DELETE |

|                                                       |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME                                               |                                                                   |
| 13 STREET ADDRESS                                     |                                                                   |
| 14 CITY-ST-ZIP                                        |                                                                   |
| 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME                                               |                                                                   |
| 23 STREET ADDRESS                                     |                                                                   |
| 24 CITY-ST-ZIP                                        |                                                                   |
| 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME                                               |                                                                   |
| 33 STREET ADDRESS                                     |                                                                   |
| 34 CITY-ST-ZIP                                        |                                                                   |
| 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME                                               |                                                                   |
| 43 STREET ADDRESS                                     |                                                                   |
| 44 CITY-ST-ZIP                                        |                                                                   |
| 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME                                               |                                                                   |
| 53 STREET ADDRESS                                     |                                                                   |
| 54 CITY-ST-ZIP                                        |                                                                   |
| 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME                                               |                                                                   |
| 63 STREET ADDRESS                                     |                                                                   |
| 64 CITY-ST-ZIP                                        |                                                                   |

14. 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 annual 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K. Kochan, President ROBERT KOCHAN 4/07/98 (919) 872-8788

CR2E034 (10/97)