FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90008 006 ***158.75

DOCUMENT # 303573

1. Entity Name
FORENSIC ANALYSIS & ENGINEERING CORPORATION

54016195

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5301 Capital Boulevard	100 Pierce Street
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Penthouse
City & State: Raleigh, North Carolina	City & State: Clearwater, Florida
Zip: 27616 Country: USA	Zip: 33756 Country: USA

4. FEI Number 59-1152131 ☐ 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: Jane L. Kochan

Street Address (P.O. Box Number is Not Acceptable): 100 Pierce Street, Penthouse

City: Clearwater **FL** Zip Code: 33756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Robert K. Kochan 3743 Chesapeake Ave. - Hampton, VA 23661	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD April B. Kochan 3743 Chesapeake Ave. - Hampton, VA 23661	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jane L. Kochan 100 Pierce Street - Clearwater, FL 33756	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Williams - Director of Operations 3-3-2004 919) 872-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #